

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4 IN RE: NATIONAL)
5 PRESCRIPTION) MDL No. 2804
6 OPIATE LITIGATION)
7 _____
8) Case No.
9) 1:17-MD-2804
10)
11)
12 THIS DOCUMENT RELATES) Hon. Dan A.
13 TO ALL CASES) Polster

14

15 THURSDAY, JANUARY 17, 2019

16

17 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
18 CONFIDENTIALITY REVIEW

19 - - -

20 Videotaped deposition of Kevin Webb
21 30(b)(6), held at the offices of STINSON
22 LEONARD STREET LLP, 7700 Forsyth Boulevard,
23 Suite 1000, St. Louis, Missouri, commencing
24 at 9:06 a.m., on the above date, before
25 Carrie A. Campbell, Registered Diplomate
 Reporter and Certified Realtime Reporter.

26

27

28 - - -

29 GOLKOW LITIGATION SERVICES
30 877.370.3377 ph | 917.591.5672 fax
 deps@golkow.com

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32

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1	APPEARANCES:	INDEX
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3	KELLER ROHRBACK LLP	3 APPEARANCES..... 2
4	BY: DEAN KAWAMOTO	4 EXAMINATIONS.....
5	dkawamoto@kellerrohrback.com	5 BY MR. KAWAMOTO..... 10
6	GARY GOTTO	6 BY MR. KELLY..... 157
7	ggetto@kellerrohrback.com	7
8	CHANEL REYES	8 EXHIBITS
9	creyes@kellerrohrback.com	9 No. Description Page
10	1201 Third Avenue, Suite 3200	10 Mallinckrodt Amended Notice of Deposition 11
11	Seattle, Washington 98101	Webb 1 Pursuant to Rule 30(b)(6)
12	(206) 623-1900	11 and Document Request
13	Counsel for MDL Plaintiffs	12 Pursuant to Rule 30(b)(6)
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	(314) 621-5070	21 Mallinckrodt E-mail(s), 58
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	COVINGTON & BURLING LLP	MNK-T1_0002248916 -
	BY: RYAN ROBERTS	22 Mallinckrodt "Why wrestle with chronic
	rroberts@cov.com	Webb 6 pain," 60
	(VIA TELECONFERENCE)	MNK-T1_0000243238
	850 Tenth Street, NW	23
	Washington, DC 20001-4956	
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	Counsel for McKesson Corporation	
		24
		25
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1	JACKSON KELLY PLLC	1 Mallinckrodt "What will your patients be
2	BY: JAMES D. JOHNSON	2 Webb 7 doing when time runs out on
3	jdjohnson@jacksonkelly.com	their chronic pain
4	(VIA TELECONFERENCE)	medicine,"
5	221 NW Fifth Street	MNK-T1_0000093384
6	Evansville, Indiana 47708	4 Mallinckrodt "What will your patients be
7	(812) 422-9444	5 Webb 8 doing when time runs out on
8	Counsel for AmerisourceBergen	their chronic pain
9	JONES DAY	6 medicine,"
10	BY: LOUIS P. GABEL	MNK-T1_00000999355
11	lpgabel@jonesday.com	7 Mallinckrodt Exalgo: A Clinical
12	150 West Jefferson Avenue, Suite 2100	Webb 9 Overview, 63
13	Detroit, Michigan 48226-4438	MNK-T1_0000093326 -
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15	Counsel for Walmart	9
16	ROPES & GRAY, LLP	10 Mallinckrodt Now may be the time for a
17	BY: BRIEN T. O'CONNOR	11 Webb 10 switch,
18	brien.o'connor@ropesgray.com	MNK-T1_0000089968 -
19	JOSHUA GOLDSTEIN	MNK-T1_0000089969
20	joshua.goldstein@ropesgray.com	12 Mallinckrodt "Whole Story Sales Aid/Leave
21	800 Boylston Street	13 Webb 11 Behind Implementation
22	Boston, Massachusetts 02199-3600	Guide,"
23	(617) 951-7000	MNK-T1_0000095581 -
24	Counsel for Mallinckrodt	MNK-T1_0000095590
25	ARNOLD & PORTER KAYE SCHOLER, LLP	15 Mallinckrodt Promotional
	BY: PHILIP A. GIORDANO	16 Webb 12 Communications Tactical
	Philip.Giordano@arnoldporter.com	Plan,
	(VIA TELECONFERENCE)	MNK-T1_0000180030 -
	601 Massachusetts Avenue, NW	MNK-T1_0000180064
	Washington, DC 20001-3743	18 Mallinckrodt Examples of Education and
	(202) 942-5000	19 Webb 13 Enabling Tools,
	Counsel for Endo Pharmaceuticals	MNK-T1_0000098099
	Inc., and Endo Health Solutions Inc.	20 Mallinckrodt Exalgo Proposed Risk
	VIDEOGRAPHER:	21 Webb 14 Mitigation Strategy,
	JAMES ARNDT,	Including Exalgo Risk
	Golkow Litigation Services	Evaluation and Mitigation
	— —	Strategies, REMS,
		MNK-T1_0000548549 -
		MNK-T1_0000548636

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1	Mallinckrodt CARES Alliance Tools Catalog	83	1	VIDEOGRAPHER: We are now on
2	Webb 15 and Order Form		2	08:57:13 the record. My name is James Arndt.
3	MNK-T1_0001493093 -		3	09:06:41 I am a videographer for Golkow
4	Mallinckrodt Defeat Chronic Pain Now!,	99	4	09:06:43 Litigation Services.
5	Webb 16 Galer & Argoff		5	09:06:45 Today's date is January 17,
6	Mallinckrodt E-mail(s),	110	6	09:06:45 2019, and the time is 9:06 a.m.
7	Webb 17 MNK-T1_0004204631		7	09:06:49 This video deposition is being
8	Mallinckrodt E-mail(s),	116	8	09:06:51 held in St. Louis, Missouri, in the
9	Webb 18 MNK-T1_0000876836 -		9	09:06:54 matter of the National Prescription
10	MNK-T1_0000876838		10	09:06:55 Opiate Litigation for the United
11	Mallinckrodt E-mail(s),	123	11	09:06:59 States District Court for the Northern
12	Webb 19 MNK-T1_0000866405 -		12	09:07:00 District of Ohio, Eastern Division.
13	MNK-T1_0000866407		13	09:07:02 The deponent is Kevin Webb.
14	Mallinckrodt E-mail(s),	125	14	09:07:05 Will counsel please identify
15	Webb 20 MNK-T1_0000864164 -		15	09:07:07 themselves.
16	MNK-T1_0000864168		16	09:07:07 MR. KAWAMOTO: Dean Kawamoto,
17	Mallinckrodt Mallinckrodt Master	139	17	09:07:07 Keller Rohrback, for the plaintiffs.
18	Webb 21 Stakeholder List		18	09:07:09 MS. REYES: Chanele Reyes,
19	MNK-T1_0000860223 -		19	09:07:13 Keller Rohrback, for the plaintiffs.
20	MNK-T1_0000860232		20	09:07:15 MR. GOTTO: Gary Gotto, Keller
21	Mallinckrodt E-mail(s),	161	21	09:07:17 Rohrback, for the plaintiffs.
22	Webb 22 MNK_TNSTA04423166 -		22	09:07:18 MR. KELLY: Seamus Kelly,
23	MNK_TNSTA04423167;		23	09:07:20 Branstetter, Stranch and Jennings for
24	MNK_TNSTA04423170		24	09:07:21 the Tennessee plaintiffs.
25	Mallinckrodt E-mail(s),	165	25	09:07:22 MR. STRANCH: Jim Stranch from
	Webb 23 MNK_TNSTA00198469 -			
	MNK_TNSTA00198470			
	Mallinckrodt FY13 Speaker Program Spend	169		
	Webb 24 Report 5-10-13, Modified to			
	Show TN Only			
	MNK_TNSTA00184173			
	Mallinckrodt FY13 Speaker Program Spend	170		
	Webb 25 Report by Region as of			
	6-22-13, Modified to Show TN			
	Only			
	MNK_TNSTA00184232			
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1	Mallinckrodt E-mail(s),	172	1	the same firm, same clients.
2	Webb 26 MNK-T1_0006524864 -		2	09:07:23 MR. GABEL: Louis Gabel from
3	MNK-T1_0006524865		3	09:07:26 Jones Day representing Walmart.
4	Mallinckrodt Advocacy: Pain Franchise	178	4	09:07:28 MS. HARMON: Sarah Harmon with
5	Webb 27 Commitments, March 20, 2015,		5	09:07:30 Armstrong Teasdale representing
6	MNK_TNSTA01002290		6	09:07:31 Cardinal Health.
7	Mallinckrodt E-mail(s),	179	7	09:07:33 MR. GOLDSTEIN: Joshua
8	Webb 28 MNK_TNSTA00155119 -		8	09:07:33 Goldstein with Ropes & Gray on behalf
9	MNK_TNSTA00155122		9	09:07:35 of the witness, Mallinckrodt, LLC and
10	(Exhibits attached to the deposition.)		10	09:07:37 SpecGx, LLC.
11			11	09:07:40 MR. O'CONNOR: Brien O'Connor,
12			12	09:07:42 Ropes & Gray, on behalf of the
13			13	09:07:43 witness, Kevin Webb, Mallinckrodt,
14			14	09:07:44 LLC, and SpecGx, LLC.
15			15	09:07:47 VIDEOGRAPHER: Will attorneys
16			16	09:07:51 present by phone please identify
17			17	09:07:52 themselves?
18			18	09:07:54 MR. ROBERTS: Ryan Roberts from
19			19	09:07:57 Covington & Burling on behalf of
20			20	09:07:58 McKesson.
21			21	09:07:59 MR. JOHNSON: Jim Johnson on
22			22	09:08:01 behalf of ABDC from Jackson Kelly.
23			23	09:08:08 VIDEOGRAPHER: The court
24			24	09:08:08 reporter is Carrie Campbell and she
25			25	09:08:10 will now swear in the witness.

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1 KEVIN WEBB, 2 of lawful age, having been first duly sworn 3 to tell the truth, the whole truth and 4 nothing but the truth, deposes and says on 5 behalf of the Plaintiffs, as follows: 6 09:08:16	1 do -- and, you know, we've negotiated some of 09:09:35 2 these topics with your counsel so there have 09:09:37 3 been some modifications in terms of, you 09:09:39 4 know, what you're testifying to as opposed to 09:09:42 5 what others are. 09:09:44
7 DIRECT EXAMINATION 09:08:16	6 But what I would like to do is 09:09:45
8 QUESTIONS BY MR. KAWAMOTO: 09:08:17	7 once you get the notice, I would like to go 09:09:47
9 Q. Good morning, Mr. Webb. 09:08:18	8 through the exhibit with you. 09:09:50
10 A. Good morning. 09:08:19	9 So turning to Topic 2, sir, and 09:09:57
11 Q. Thank you for being here today. 09:08:19	10 I think that's on page 5? 09:10:02
12 As you're aware, you're going 09:08:20	11 A. Uh-huh, yes. 09:10:07
13 to be testifying in two different capacities. 09:08:23	12 Q. Can you read the green portion 09:10:08
14 Today you're going to be testifying on behalf 09:08:25	13 of that topic? 09:10:11
15 of Mallinckrodt as a 30(b)(6) witness, and 09:08:27	14 A. Do you want me to read it out 09:10:12
16 then tomorrow you'll be testifying in your 09:08:30	15 loud or just -- 09:10:14
17 individual capacity. 09:08:32	16 Q. Read it out loud, please. 09:10:15
18 Is this consistent with your 09:08:33	17 A. Read it out loud. 09:10:17
19 understanding, sir? 09:08:34	18 Topic 2, "The role of 09:10:20
20 A. Yes. 09:08:35	19 wholesalers, distributors and pharmacies, 09:10:21
21 Q. Okay. Have you ever testified 09:08:36	20 including but not limited to defendants, in 09:10:24
22 as a 30(b)(6) designee before? 09:08:38	21 the supply chain of your opioid products and 09:10:26
23 A. No. 09:08:40	22 responsibilities of each with respect to 09:10:29
24 Q. Okay. And you understand that 09:08:41	23 marketing, sales, supply." 09:10:31
25 today you're going to be testifying on behalf 09:08:43	24 Q. And are you prepared to testify 09:10:35
	25 on that topic today? 09:10:37
Page 11	Page 13
1 of the company, correct? 09:08:45	1 A. Yes. 09:10:38
2 A. Correct. 09:08:45	2 Q. And what did you do to 09:10:38
3 Q. Now, is it also your 09:08:46	3 prepare for -- or what did you do to prepare 09:10:40
4 understanding that as Mallinckrodt's 30(b)(6) 09:08:51	4 to testify on that topic? 09:10:42
5 designee for certain topics you had an 09:08:54	5 A. I met with my counsel. 09:10:43
6 obligation to educate yourself as to each 09:08:57	6 Q. Okay. Did you review any 09:10:44
7 topic? 09:08:59	7 documents in connection with that topic, sir? 09:10:50
8 A. Yes. 09:09:00	8 A. I don't recall if I reviewed 09:10:51
9 Q. And did you, in fact, do so? 09:09:00	9 any documents pertaining to this topic. 09:10:53
10 A. Yes. 09:09:01	10 Q. Okay. Did you review documents 09:10:55
11 Q. So I would like to mark this as 09:09:02	11 in preparation for this 30(b)(6) deposition? 09:10:56
12 Exhibit 1. 09:09:09	12 A. Yes. 09:10:59
13 (Mallinckrodt-Webb Exhibit 1 09:09:10	13 Q. And were those documents 09:10:59
14 marked for identification.) 09:09:10	14 provided by counsel? 09:11:02
15 QUESTIONS BY MR. KAWAMOTO: 09:09:10	15 A. Yes. 09:11:03
16 Q. And so, Mr. Webb, I'm handing 09:09:15	16 Q. Did you review any documents 09:11:03
17 you Exhibit 1, which is a color-coded copy of 09:09:15	17 that were not provided by counsel? 09:11:04
18 the amended notice of deposition. You'll see 09:09:20	18 A. No. 09:11:06
19 that it's got different colors for different 09:09:24	19 Q. How many times did you meet 09:11:06
20 topics. 09:09:26	20 with your counsel regarding either today's 09:11:09
21 The topics that I understand 09:09:26	21 deposition or tomorrow's deposition? 09:11:13
22 you'll be testifying on or you're prepared to 09:09:28	22 A. Three. 09:11:15
23 testify on today are in green. 09:09:31	23 Q. Okay. And do you recall 09:11:16
24 A. Okay. 09:09:34	24 roughly when they were? 09:11:18
25 Q. And so I would like you to 09:09:34	25 A. Yesterday and there were, let's 09:11:19

Page 14	Page 16
1 see, two times -- there was one time in 09:11:25	1 other than your lawyers in terms of preparing 09:13:04
2 December and then -- I'm losing track. I 09:11:29	2 for these depositions? 09:13:08
3 don't think I met in January. So it was 09:11:33	3 A. For Item Number 2 or for the 09:13:09
4 either late -- mid to late December or early 09:11:36	4 deposition in general? 09:13:12
5 January. I have to -- I think we're still 09:11:38	5 Q. Well, actually that's a good 09:13:13
6 locking in on the date. 09:11:39	6 point. Why don't we go through the topics 09:13:15
7 Q. And going to the December 09:11:41	7 and then I'll ask that question. 09:13:18
8 meeting, do you recall how long the meeting 09:11:42	8 A. Okay. 09:13:18
9 lasted for? 09:11:44	9 Q. But for Topic Number 2, you 09:13:20
10 A. It was a full day. It was 09:11:45	10 haven't spoken to anyone other than your 09:13:22
11 eight hours. 09:11:46	11 counsel? 09:13:24
12 Q. And do you recall which of your 09:11:47	12 A. Correct. 09:13:24
13 counsel were present? 09:11:53	13 Q. Okay. Can you read the green 09:13:24
14 A. Well, Brien was part of the 09:11:53	14 portions of Topic 3? 09:13:26
15 meeting in and out. We had Andrew. I 09:11:56	15 A. Topic 3, "Warning letter sent 09:13:27
16 can't -- I don't know Andrew's last name. 09:12:02	16 to you by the FDA and any other 09:13:30
17 And then William. And I don't know if Cassie 09:12:04	17 communications between you and the FDA 09:13:33
18 is an attorney or not. 09:12:09	18 regarding your marketing -- or your opioid 09:13:36
19 MR. O'CONNOR: She is. 09:12:12	19 products, your responses to these letters, 09:13:42
20 THE WITNESS: And Cassie. 09:12:12	20 all subsequent actions you took in response 09:13:44
21 QUESTIONS BY MR. KAWAMOTO: 09:12:13	21 to those communications and all budgets for 09:13:46
22 Q. And did you meet with anyone 09:12:14	22 such actions by year." 09:13:48
23 else present other than your four lawyers? 09:12:15	23 Q. Okay. What did you do to 09:13:51
24 A. When I was meeting with them in 09:12:18	24 prepare to testify on this topic? 09:13:53
25 their offices yesterday, no. 09:12:20	25 A. I reviewed this particular 09:13:58
Page 15	Page 17
1 Q. No, I'm sorry. 09:12:23	1 issue with counsel. 09:13:59
2 In terms of the December 09:12:24	2 Q. And did you speak to anyone 09:14:00
3 meeting, was anyone else present other than 09:12:25	3 else other than your counsel regarding this 09:14:02
4 the four lawyers you've identified? 09:12:27	4 topic? 09:14:04
5 A. No. 09:12:29	5 A. No. 09:14:04
6 Q. Okay. Turning to the meeting 09:12:30	6 Q. Do you recall reviewing any 09:14:04
7 that you believed occurred in early January, 09:12:32	7 documents relating to this topic? 09:14:06
8 how long did that last for? 09:12:34	8 A. There was not a document I 09:14:06
9 A. That would have been an 09:12:35	9 recall of other than the topic being 09:14:09
10 eight-hour as well. 09:12:38	10 discussed, and if there was a document, I 09:14:11
11 Q. And who was present for that 09:12:38	11 don't recall seeing any particular document. 09:14:15
12 meeting? 09:12:40	12 Q. Okay. Can you read Topic 09:14:16
13 A. The same individuals. They 09:12:40	13 Number 4, the green portions of it? 09:14:18
14 weren't present the entire time, but in and 09:12:41	14 A. Number 4, "Your interactions 09:14:20
15 out. 09:12:44	15 with the DEA or FDA regarding the scheduling 09:14:23
16 Q. Understood. 09:12:45	16 of controlled substances or the distribution 09:14:26
17 And then for the meeting 09:12:45	17 of controlled substances, including 09:14:29
18 yesterday, roughly how long did that last 09:12:46	18 compliance, regulatory and administrative 09:14:31
19 for? 09:12:50	19 actions, communications and penalties." 09:14:34
20 A. That was a full day as well. 09:12:50	20 Q. And I guess I should modify 09:14:36
21 That was from 9 until 5. 09:12:52	21 that. You're not going to speak as to the 09:14:37
22 Q. And who was present for that? 09:12:53	22 DEA -- 09:14:40
23 A. The same -- Josh was present as 09:12:55	23 A. Okay. 09:14:40
24 well, to my right, and Brien and Cassie. 09:12:57	24 Q. -- I believe. 09:14:41
25 Q. Have you talked to anyone else 09:13:02	25 So with respect to that topic 09:14:42

	Page 18		Page 20	
1	and the FDA, are you prepared to testify on	09:14:44	the interactions with the FDA, if you could	09:16:23
2	that topic?	09:14:46	quickly glance at that.	09:16:27
3	A. Yes.	09:14:47	A. Okay.	09:16:29
4	Q. And what did you do to prepare	09:14:47	Q. Do you have personal knowledge	09:16:29
5	for that topic?	09:14:50	of that topic, sir?	09:16:31
6	A. Met with counsel.	09:14:50	A. Well, I'm aware of -- I've not	09:16:34
7	Q. Do you recall reviewing any	09:14:51	personally dealt with this, but I'm aware of	09:16:43
8	documents?	09:14:53	what the company was doing. Or I'm aware of	09:16:45
9	A. No.	09:14:53	our company's position, I should say, on	09:16:47
10	Q. Did you speak with anyone else	09:14:53	this.	09:16:49
11	other than counsel regarding this topic?	09:14:55	Q. And you are aware based on your	09:16:49
12	A. No.	09:14:56	personal, professional involvement, or are	09:16:52
13	Q. Can you please read Topic	09:15:00	you aware based on your conversations with	09:16:55
14	Number 8?	09:15:03	counsel?	09:16:58
15	A. Number 8, "All actions you	09:15:03	A. Well, I'm aware of the -- yes,	09:16:58
16	took, if any, after the CDC declared an	09:15:05	I'm aware of -- I'm aware of the company's	09:17:07
17	opioid epidemic in 2011 and introduced	09:15:09	position on that --	09:17:09
18	guidelines to help reduce opioid prescribing	09:15:13	Q. And you have that --	09:17:10
19	to reduce the amount of opioids prescribed,	09:15:16	A. -- through counsel.	09:17:11
20	reduce supply of opioids to the market,	09:15:20	Q. I'm sorry, just to clarify the	09:17:12
21	dedicated -- sorry, reeducate prescribing	09:15:28	record.	09:17:14
22	physicians and the public about the opioid	09:15:32	Your knowledge regarding this	09:17:14
23	epidemic declared by the CDC or the dangers	09:15:36	topic, is that based on your professional	09:17:16
24	of opioids and all budgets for such efforts	09:15:40	involvement with this topic, or is that based	09:17:19
25	by year from 2011 to the present."	09:15:41	on knowledge that you obtained from counsel?	09:17:22
	Page 19		Page 21	
1	Q. And are you prepared to testify	09:15:43	A. The -- I was not -- well,	09:17:25
2	on that topic?	09:15:44	the -- there was -- well, we'll get into that	09:17:34
3	A. Yes.	09:15:45	as far as what the involvement was because	09:17:36
4	Q. What did you do to prepare for	09:15:47	there was no involvement.	09:17:37
5	that topic?	09:15:49	But I'm aware of what the	09:17:38
6	A. Met with counsel.	09:15:49	company's position was and then through my --	09:17:39
7	Q. Okay. Did you speak to anyone	09:15:50	through counsel of what the company -- what	09:17:42
8	else?	09:15:52	Mallinckrodt had done, our position on this.	09:17:44
9	A. No.	09:15:52	Q. And your awareness of that	09:17:47
10	Q. Did you review any documents?	09:15:52	position comes from counsel?	09:17:50
11	A. I do not recall any documents	09:15:54	A. Correct.	09:17:52
12	that we reviewed for this particular topic.	09:15:56	Q. So same question with Topic 3,	09:17:52
13	Q. Okay. Do you have personal	09:15:58	do you have personal knowledge of that topic?	09:17:57
14	knowledge of this topic?	09:16:00	A. I have -- that -- that	09:17:59
15	A. In my professional capacity?	09:16:01	awareness of that particular issue came	09:18:03
16	Q. Well, I would assume it's from	09:16:06	through counsel.	09:18:05
17	your professional capacity --	09:16:08	Q. Okay. And Topic Number 2?	09:18:06
18	A. Yes, I'm aware -- I'm aware of	09:16:09	A. I am aware of -- I have	09:18:09
19	the -- yes, I'm aware of the CDC declaring an	09:16:13	personal, professional awareness of it as	09:18:11
20	opioid epidemic.	09:16:17	well as engagement through counsel.	09:18:16
21	Q. And you're aware of what steps	09:16:17	Q. Okay. I believe we can now	09:18:17
22	Mallinckrodt took, if any, in response to	09:16:19	skip to Topic 23, sir. So that's going to be	09:18:33
23	that?	09:16:21	on page 9.	09:18:39
24	A. Yes.	09:16:21	A. Okay.	09:18:41
25	Q. Actually going back to Topic 4,	09:16:21	Q. Can you please read that?	09:18:41

Page 22	Page 24
1 A. 23, "The surveys, focus groups, 09:18:43	1 donations or payments concerning opioids or 09:20:40
2 market research or other similar research or 09:18:47	2 opioids products to, A, lobbyist; B, persons 09:20:43
3 investigation that you performed, had 09:18:50	3 or entities named in the complaint; or C, 09:20:47
4 performed on your behalf or that you received 09:18:52	4 persons you disseminated information about 09:20:51
5 or reviewed regarding physician or public 09:18:55	5 prescription opioids to prescribers or the 09:20:53
6 perceptions of the safety, efficacy and/or 09:18:58	6 public on your behalf and the identity of all 09:20:56
7 addictive nature of your opioid products, 09:19:01	7 persons responsible for such donations or 09:20:59
8 other opioid products or opioids and your use 09:19:03	8 payments." 09:21:01
9 of focus groups, research or investigations 09:19:07	9 Q. And do you have personal 09:21:02
10 in developing the sales and marketing 09:19:10	10 knowledge of that topic? 09:21:03
11 strategy and/or a strategy on how to affect, 09:19:12	11 A. Yes. 09:21:04
12 change or influence those perceptions." 09:19:16	12 Q. Okay. What did you do to 09:21:05
13 Q. And are you prepared to testify 09:19:19	13 prepare for that topic? 09:21:06
14 on that topic, sir? 09:19:21	14 A. Met with counsel. 09:21:08
15 A. Yes. 09:19:22	15 Q. Do you recall reviewing any 09:21:09
16 Q. Did you review any documents in 09:19:23	16 documents in connection with this topic? 09:21:18
17 connection with that topic? 09:19:24	17 A. Yes, I review -- we did review 09:21:20
18 A. We reviewed documents, but I 09:19:24	18 documents pertaining to this. 09:21:21
19 don't know specifically if they were -- what 09:19:27	19 Q. And are those documents the 09:21:24
20 they were pertaining to. 09:19:28	20 basis of your testimony? 09:21:26
21 Q. Did you have any conversations 09:19:29	21 A. They would be an element of it. 09:21:27
22 other than with your counsel regarding that 09:19:30	22 Q. Okay. Do you recall the 09:21:31
23 topic? 09:19:32	23 general nature of the documents you reviewed? 09:21:36
24 A. I did. 09:19:32	24 A. I remember one document in 09:21:38
25 Q. And who were those 09:19:34	25 particular. It was -- yes. 09:21:40
Page 23	Page 25
1 conversations with? 09:19:35	1 Q. Okay. And what was that 09:21:43
2 A. For this particular aspect, I 09:19:36	2 document? 09:21:45
3 had a phone call with -- who was then at the 09:19:40	3 A. It was a financial -- 09:21:45
4 time our head of our market research, 09:19:45	4 MR. O'CONNOR: Objection. I'm 09:21:47
5 Ms. Tammy Fraley. 09:19:46	5 going to instruct him not to answer if 09:21:49
6 Q. And what do you recall about 09:19:52	6 it's a document provided by counsel, 09:21:52
7 that conversation? 09:19:57	7 work product privilege. 09:21:54
8 A. We discussed the mechanics and 09:19:57	8 MR. KAWAMOTO: Okay. 09:21:56
9 the processes of market research. 09:20:01	9 QUESTIONS BY MR. KAWAMOTO: 09:21:58
10 Q. Did she provide you with any 09:20:05	10 Q. Okay. Can you describe the 09:21:58
11 documents to review? 09:20:07	11 nature of the document? Was it an e-mail? 09:22:04
12 A. No. 09:20:09	12 Was it a PowerPoint? Was it a spreadsheet? 09:22:06
13 Q. Did she identify any documents 09:20:09	13 MR. O'CONNOR: Same objection. 09:22:10
14 for you? 09:20:11	14 I'm going to direct him not to answer. 09:22:12
15 A. No. 09:20:11	15 QUESTIONS BY MR. KAWAMOTO: 09:22:15
16 Q. Do you have any personal 09:20:11	16 Q. Other than that one document, 09:22:24
17 knowledge of this topic? 09:20:13	17 do you recall reviewing any other documents? 09:22:25
18 A. Yes. 09:20:14	18 A. No. 09:22:27
19 Q. And is that from your 09:20:15	19 Q. Can you -- well, I'll try to 09:22:27
20 professional -- your professional 09:20:17	20 truncate this. 09:22:38
21 responsibilities at Mallinckrodt? 09:20:19	21 For Topic 25, can you read that 09:22:39
22 A. Yes. 09:20:20	22 to yourself? 09:22:42
23 Q. And could you please read 09:20:21	23 A. To myself or read it out loud? 09:22:42
24 Topic 24? 09:20:34	24 Q. Just read it to yourself -- 09:22:44
25 A. 24, "All direct or indirect 09:20:34	25 A. Okay. Thank you. 09:22:44

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1	Q. -- and let me know when you're 09:22:45	1	department? 09:24:51
2	done. 09:22:46	2	A. 2000 and -- 2013. 09:24:51
3	A. Okay. Thank you. 09:22:47	3	Q. And how far back did those 09:24:58
4	Q. Are you prepared to testify on 09:23:09	4	conversations go in terms of -- well, strike 09:25:04
5	Topic 25? 09:23:11	5	that. 09:25:08
6	A. Yes. 09:23:11	6	Do you recall the time frame 09:25:08
7	Q. And what did you do to prepare 09:23:12	7	that you discussed in terms of the lobbying 09:25:13
8	to testify on that topic? 09:23:13	8	efforts with Mr. Naten and Mr. Tyndall? 09:25:15
9	A. Met with counsel. 09:23:14	9	A. Yes. 09:25:17
10	Q. Do you have any personal 09:23:15	10	Q. What was that time frame? 09:25:18
11	knowledge of Topic 25? 09:23:16	11	A. Roughly beginning 2011, '12 09:25:19
12	A. Yes. 09:23:17	12	time frame. 09:25:23
13	Q. And what is that personal 09:23:19	13	Q. Did you do anything to prepare 09:25:25
14	knowledge? 09:23:27	14	yourself -- did you do anything to prepare to 09:25:33
15	Well, strike that. Let me 09:23:33	15	testify regarding this topic for the time 09:25:35
16	rephrase it. 09:23:34	16	period prior to 2011? 09:25:38
17	I take it your personal 09:23:35	17	A. Other than meeting with 09:25:40
18	knowledge is from your professional 09:23:36	18	counsel, no. 09:25:42
19	responsibilities at Mallinckrodt? 09:23:38	19	Q. And if I could go back to 09:25:43
20	A. Correct. 09:23:39	20	Topic 24, other than counsel, did you have 09:25:56
21	Q. Can you read Topic 26 to 09:23:39	21	any conversations with anyone regarding this 09:25:58
22	yourself? 09:23:48	22	topic? 09:26:00
23	Well, I'm sorry, actually, let 09:23:48	23	A. The -- not -- not for 24. The 09:26:00
24	me -- do you recall reviewing any documents 09:23:50	24	only question we had with lobbying was on 09:26:18
25	in connection with Topic 25? 09:23:52	25	Topic 25. 09:26:21
	Page 27		Page 29
1	A. No. 09:23:54	1	Q. And you indicated that, I 09:26:22
2	Q. Okay. Can you review -- did 09:23:57	2	guess, you had a question regarding lobbying. 09:26:29
3	you speak to anyone other than counsel about 09:24:01	3	What was that question? 09:26:30
4	Topic 25? 09:24:03	4	A. I was asking Derek if he 09:26:32
5	A. Yes. 09:24:04	5	knew -- 09:26:35
6	Q. Who did you speak to? 09:24:04	6	MR. O'CONNOR: Objection. 09:26:35
7	A. I spoke, through a conference 09:24:06	7	You can go ahead. 09:26:37
8	call, with my colleague, Derek Naten, in our 09:24:09	8	THE WITNESS: I was asking 09:26:37
9	government affairs team. 09:24:13	9	Derek if he knew of any lobbying 09:26:39
10	Q. And when you say your 09:24:16	10	effort that Mallinckrodt may have 09:26:41
11	"government affairs team," who is on that 09:24:18	11	engaged in prior to me joining the 09:26:42
12	team? 09:24:21	12	department in 2013. 09:26:45
13	A. That would be myself, that 09:24:21	13	QUESTIONS BY MR. KAWAMOTO: 09:26:47
14	would be Derek and his manager or boss, Mark 09:24:22	14	Q. Okay. Can you review Topic 26? 09:26:48
15	Tyndall. 09:24:32	15	A. Review or read? 09:26:52
16	Q. And what do you recall about 09:24:32	16	Q. Read, to yourself. 09:26:55
17	that conversation? 09:24:34	17	A. To myself, all right. Thank 09:26:58
18	MR. O'CONNOR: You can go 09:24:39	18	you. 09:27:00
19	ahead. 09:24:40	19	Okay. 09:27:44
20	THE WITNESS: It was the nature 09:24:40	20	Q. Are you prepared to testify on 09:27:45
21	of understanding what lobbying efforts 09:24:41	21	Topic 26? 09:27:47
22	may have taken place prior to me 09:24:45	22	A. Yes. 09:27:47
23	joining the department. 09:24:47	23	Q. What did you do to prepare for 09:27:48
24	QUESTIONS BY MR. KAWAMOTO: 09:24:47	24	that topic? 09:27:50
25	Q. And when did you join the 09:24:49	25	A. Met with counsel. 09:27:50

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1	Q. Do you have any personal knowledge of that topic? 09:27:51	1 A. No. 09:30:34
2		2 Q. Do you recall reviewing any documents related to this topic? 09:30:35
3	A. Yes. 09:27:53	3 09:30:36
4	Q. Other than counsel, did you have any conversations regarding this topic? 09:27:54 09:28:00	4 A. No. 09:30:38
5		5 Q. Can you review topic -- or can you read Topic 33 to yourself? 09:30:40
6	A. No. 09:28:02	6 09:30:47
7	Q. Do you recall reviewing any documents in connection with this topic? 09:28:02 09:28:06	7 A. Okay. 09:30:49
8		8 Q. Are you prepared to testify on this topic? 09:31:03
9	MR. O'CONNOR: You -- 09:28:09	9 09:31:04
10	THE WITNESS: We reviewed documents, but I can't recall the nature of those documents. 09:28:13 09:28:14 09:28:15	10 A. Yes. 09:31:05
11		11 Q. What did you do to prepare? 09:31:05
12		12 A. Reviewed, met with counsel. 09:31:07
13	QUESTIONS BY MR. KAWAMOTO: 09:28:16	13 Q. And when you say "reviewed," what do you mean by that? 09:31:09
14	Q. Did you review more than one document? 09:28:22 09:28:23	14 09:31:12
15		15 A. Met with counsel. 09:31:12
16	A. Yes, at the time, but I do not know which documents those were or how many documents they were. 09:28:24 09:28:27 09:28:30	16 Q. Okay. Other than counsel, did you talk to anyone else about this topic? 09:31:13
17		17 09:31:17
18		18 A. No. 09:31:19
19	Q. Okay. Can you read Topic 30 to yourself? 09:28:31 09:28:38	19 Q. Do you recall reviewing any documents related to this topic? 09:31:19 09:31:21
20		
21	A. Okay. 09:28:39	21 MR. O'CONNOR: Do you recall any? 09:31:25 09:31:26
22	Q. Are you prepared to testify on this topic? 09:29:15 09:29:16	22 THE WITNESS: Yes. 09:31:26
23		23 QUESTIONS BY MR. KAWAMOTO: 09:31:27
24	A. Yes. 09:29:17	
25	Q. What did you do to prepare to 09:29:18	25 Q. Okay. Can you generally 09:31:28
	Page 31	Page 33
1	testify? 09:29:19	1 describe those -- those documents? 09:31:29
2	A. Met with counsel. 09:29:20	2 MR. O'CONNOR: Objection. 09:31:31
3	Q. Do you have any personal knowledge of this topic? 09:29:22 09:29:23	3 Instruct not to answer to the extent that the documents were provided by counsel on work product privilege. 09:31:32 09:31:35
4		5 09:31:38
5	A. Yes. 09:29:24	6 QUESTIONS BY MR. KAWAMOTO: 09:31:42
6	Q. Other than counsel, did you have conversations with anyone else relating to this topic? 09:29:24 09:29:34 09:29:35	7 Q. Were there any documents that you recall reviewing that were not provided by counsel? 09:31:42 09:31:44
7		9 09:31:45
8		10 A. No. 09:31:45
9	A. No. 09:29:36	11 Q. Do you recall how many documents you reviewed? 09:31:46
10	Q. Do you recall reviewing any documents relating to this topic? 09:29:36 09:29:37	12 09:31:49
11		13 MR. O'CONNOR: You can answer that. 09:31:54
12	A. No. 09:29:39	14 THE WITNESS: One. 09:31:55
13	Q. Can you read Topic 32 to yourself? 09:29:39 09:29:54	15 QUESTIONS BY MR. KAWAMOTO: 09:31:56
14		16 Q. Can you review Topic 34? 09:31:59
15	A. Okay. 09:29:54	17 A. Okay. 09:32:02
16	Q. What did you do to prepare for this topic? 09:30:19 09:30:20	18 Q. Are you prepared to testify on this topic? 09:32:42
17		19 09:32:44
18	A. Met with counsel. 09:30:21	20 A. Yes. 09:32:45
19	Q. Do you have any personal knowledge of this topic? 09:30:22 09:30:24	21 Q. What did you do to prepare for this topic? 09:32:45
20		22 09:32:46
21	A. Yes. 09:30:25	23 A. Met with counsel. 09:32:47
22	Q. Other than counsel, did you speak with anyone else -- 09:30:25 09:30:32	24 Q. Do you have any personal
23		09:32:48
24	A. No. 09:30:33	
25	Q. -- regarding this topic? 09:30:33	

		Page 34			Page 36
1	knowledge of this topic?	09:32:49	1	Q. Do you recall reviewing any	09:34:22
2	A. Yes.	09:32:50	2	documents relating to this topic?	09:34:24
3	Q. Do you recall reviewing any	09:32:51	3	A. No.	09:34:26
4	documents in connection with this topic?	09:32:53	4	Q. Okay. Thank you. You can put	09:34:26
5	MR. O'CONNOR: You can answer	09:32:57	5	that exhibit aside.	09:34:42
6	that.	09:32:58	6	A. Thank you.	09:34:43
7	THE WITNESS: Yes.	09:32:58	7	Q. So I would like to start with	09:34:44
8	QUESTIONS BY MR. KAWAMOTO:	09:32:59	8	Topics Number 26 and Topic Number 30. And if	09:34:58
9	Q. Do you recall how many	09:33:00	9	you need to -- yeah, if you need to review	09:35:03
10	documents?	09:33:01	10	Exhibit 1, please feel free to do so.	09:35:08
11	MR. O'CONNOR: All right. I'm	09:33:02	11	A. I'm sorry, Topic 26 --	09:35:14
12	going to instruct not to answer to the	09:33:02	12	Q. Topic 26 and Topic Number 30.	09:35:16
13	extent that the documents were	09:33:04	13	A. Okay.	09:35:21
14	provided by counsel.	09:33:05	14	Q. Okay. Now, when Mallinckrodt	09:35:23
15	MR. KAWAMOTO: And is your	09:33:08	15	developed marketing and advertising	09:35:44
16	objection as to the question of how	09:33:09	16	materials, this was on a national basis, was	09:35:47
17	many, does it cover that?	09:33:12	17	it not?	09:35:49
18	MR. O'CONNOR: I'll let him	09:33:13	18	MR. O'CONNOR: Objection.	09:35:50
19	answer for how many and then I'll	09:33:15	19	You can answer.	09:35:51
20	listen for the next question.	09:33:16	20	THE WITNESS: Yes.	09:35:52
21	Go ahead.	09:33:17	21	QUESTIONS BY MR. KAWAMOTO:	09:35:52
22	Do you recall how many	09:33:17	22	Q. Okay. So Mallinckrodt would	09:35:53
23	documents?	09:33:19	23	not have developed special ads for a specific	09:35:57
24	THE WITNESS: One.	09:33:21	24	state?	09:36:00
25			25	For example, they would not	09:36:01
		Page 35			Page 37
1	QUESTIONS BY MR. KAWAMOTO:	09:33:22	1	have developed Ohio-specific advertising,	09:36:02
2	Q. And for the sake of the record,	09:33:23	2	would they have?	09:36:04
3	can you generally describe that document?	09:33:24	3	MR. O'CONNOR: Objection to the	09:36:04
4	MR. O'CONNOR: Objection.	09:33:26	4	form.	09:36:05
5	Objection. I instruct not to answer	09:33:27	5	You can answer.	09:36:09
6	on work product.	09:33:30	6	THE WITNESS: Correct, we would	09:36:09
7	QUESTIONS BY MR. KAWAMOTO:	09:33:31	7	not.	09:36:10
8	Q. Can you read Topic 36 to	09:33:38	8	QUESTIONS BY MR. KAWAMOTO:	09:36:10
9	yourself?	09:33:41	9	Q. Okay. And how did Mallinckrodt	09:36:11
10	A. Okay.	09:33:41	10	make decisions regarding how to distribute	09:36:20
11	Q. I'm sorry, going back to	09:33:56	11	the advertisements and the marketing	09:36:22
12	Topic 34 very quickly, did you have any	09:33:57	12	materials that it developed?	09:36:24
13	conversations with anyone else other than	09:33:59	13	MR. O'CONNOR: Objection.	09:36:25
14	your counsel regarding this topic?	09:34:00	14	THE WITNESS: We would -- the	09:36:26
15	A. No.	09:34:02	15	material would have been distributed	09:36:29
16	Q. Then for Topic 36, what did you	09:34:04	16	through our sales force.	09:36:31
17	do to prepare for this topic?	09:34:08	17	QUESTIONS BY MR. KAWAMOTO:	09:36:32
18	A. Met with counsel.	09:34:10	18	Q. And how would the sales force	09:36:35
19	Q. Okay. Do you have any personal	09:34:11	19	go about distributing that material?	09:36:36
20	knowledge of this topic?	09:34:14	20	MR. O'CONNOR: Objection.	09:36:39
21	A. Yes.	09:34:15	21	THE WITNESS: They would be	09:36:40
22	Q. Did you have any conversations	09:34:15	22	provided to them by the company.	09:36:41
23	with anyone other than counsel regarding this	09:34:20	23	QUESTIONS BY MR. KAWAMOTO:	09:36:42
24	topic?	09:34:22	24	Q. Okay. Would you use print	09:36:42
25	A. No.	09:34:22	25	advertising?	09:36:46

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1 MR. O'CONNOR: Would you ask 09:36:49	1 Q. And how did it do so? 09:39:01
2 the question again, I'm sorry? 09:36:50	2 A. They -- we would provide, as I 09:39:05
3 QUESTIONS BY MR. KAWAMOTO: 09:36:52	3 mentioned, journal ads, we would provide our 09:39:14
4 Q. Fair enough, let me rephrase 09:36:53	4 sales force approved sales aids, and we would 09:39:16
5 that. 09:36:54	5 participate in trade shows for health care 09:39:27
6 Did you ever run advertisements 09:36:54	6 providers. 09:39:33
7 in newspapers? 09:36:55	7 Q. So I have journal ads, I have 09:39:34
8 A. Can you define "newspapers"? 09:36:56	8 materials distributed by your sales force, 09:39:38
9 Q. Any print medium that gets 09:37:05	9 and I have trade shows. 09:39:41
10 distributed to the general public or a 09:37:07	10 Are there any other categories? 09:39:42
11 segment of the general public? 09:37:10	11 A. We would do education seminars 09:39:43
12 A. General public, no. 09:37:11	12 with our physicians. 09:39:54
13 Q. Okay. What about any materials 09:37:12	13 Q. And when you say "with your 09:39:57
14 that were distributed to potential patients? 09:37:19	14 physicians," what do you mean by that? 09:40:00
15 MR. O'CONNOR: Objection. 09:37:23	15 A. With physicians to the medical 09:40:02
16 THE WITNESS: No. 09:37:24	16 community. 09:40:04
17 QUESTIONS BY MR. KAWAMOTO: 09:37:24	17 Q. And when you say "education 09:40:04
18 Q. Did you ever run any ads in 09:37:34	18 seminars," are you referring to CE, 09:40:12
19 magazines? 09:37:35	19 continuing education? 09:40:14
20 A. Can you define "magazines," 09:37:35	20 A. No, we would -- well, through 09:40:15
21 though? Which type of magazines? 09:37:39	21 marketing -- I just wanted to clarify, 09:40:19
22 Q. Well, let's start with 09:37:42	22 though, marketing would not participate in CE 09:40:21
23 magazines that the general public would read. 09:37:44	23 programs, continuing education programs. I 09:40:24
24 A. I'm not aware of any ads. 09:37:50	24 cannot speak to what medical affairs was 09:40:27
25 Generally we would not run what we would 09:37:53	25 doing. 09:40:28
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1 consider direct-to-consumer advertising, no. 09:37:56	1 Q. But marketing would participate 09:40:29
2 Q. Would you run advertisements in 09:37:58	2 in the education seminars that you just 09:40:32
3 medical journals? 09:38:01	3 mentioned? 09:40:34
4 A. Yes. 09:38:02	4 A. On-label education programs, 09:40:34
5 Q. So with respect to -- and I 09:38:02	5 yes. 09:40:36
6 want to cabin this to Mallinckrodt's opioid 09:38:07	6 Q. And all four of these channels 09:40:36
7 products, both branded and generic, with 09:38:09	7 would have been deployed pursuant to a 09:40:45
8 respect to direct-to-consumer advertising, 09:38:13	8 national strategy or a national campaign; is 09:40:49
9 did Mallinckrodt engage in any 09:38:16	9 that fair? 09:40:51
10 direct-to-consumer advertising for its opioid 09:38:19	10 A. Correct. 09:40:51
11 products? 09:38:20	11 Q. And so these -- these national 09:40:52
12 A. No. 09:38:21	12 strategies or national campaigns would have 09:40:56
13 Q. And your basis for that 09:38:21	13 included Ohio, would it not? 09:40:58
14 response is -- well, strike that. 09:38:32	14 A. Yes. 09:40:59
15 What is your basis for saying 09:38:36	15 (Mallinckrodt-Webb Exhibit 2 09:41:12
16 that Mallinckrodt did not do any 09:38:38	16 marked for identification.) 09:41:13
17 direct-to-consumer advertising? 09:38:40	17 QUESTIONS BY MR. KAWAMOTO: 09:41:13
18 Do you have -- is that your 09:38:42	18 Q. Okay. So I would like to mark 09:41:32
19 personal knowledge? 09:38:43	19 this as Exhibit 2. 09:41:33
20 A. That is both my personal and my 09:38:44	20 So, Mr. Webb, I've handed you 09:41:57
21 understanding of our -- of our advertising -- 09:38:47	21 an e-mail that also had an attachment to it. 09:41:58
22 of our marketing campaigns. 09:38:49	22 The attachment is stapled to the back of the 09:42:02
23 Q. Did Mallinckrodt market to 09:38:51	23 e-mail. 09:42:04
24 health care professionals? 09:38:59	24 The e-mail is Bates 09:42:05
25 A. Yes. 09:39:00	25 number 2159712, and the attachment is 09:42:08

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1 2159713. 09:42:11	1 THE WITNESS: We -- we -- 09:44:38
2 Could you please review that 09:42:15	2 Mallinckrodt would have made the same 09:44:41
3 for me? 09:42:16	3 material available to the trade shows 09:44:42
4 A. Okay. 09:42:16	4 regardless of where it was held. 09:44:45
5 Q. Now, the attachment is a pain 09:42:44	5 QUESTIONS BY MR. KAWAMOTO: 09:44:46
6 management pocket card set. 09:42:49	6 Q. Okay. Now, do you know if this 09:44:46
7 Are you familiar with the pain 09:42:51	7 pain management pocket card set was -- was 09:45:04
8 management pocket card set? 09:42:53	8 distributed, was actually distributed? 09:45:07
9 A. I am not. 09:42:55	9 A. I would not know that. 09:45:08
10 Q. Do you know what is -- what -- 09:42:56	10 Q. Okay. Do you have any basis to 09:45:09
11 well, strike that. 09:43:00	11 believe that it was not distributed at trade 09:45:13
12 What is the purpose of this 09:43:01	12 shows? 09:45:15
13 pocket card set? 09:43:06	13 A. I do not. 09:45:15
14 MR. O'CONNOR: Objection. 09:43:07	14 Q. Okay. And you would consider 09:45:16
15 THE WITNESS: I would have -- I 09:43:12	15 this pain management pocket card set to be 09:45:31
16 have never seen this piece before in 09:43:15	16 marketing material, would you not? 09:45:33
17 my life, so I would have to review it. 09:43:16	17 MR. O'CONNOR: Objection. 09:45:35
18 QUESTIONS BY MR. KAWAMOTO: 09:43:18	18 THE WITNESS: I would -- 09:45:35
19 Q. Okay. Well, let me ask this: 09:43:19	19 without having to review the piece, I 09:45:48
20 Why was -- why was this pocket card set 09:43:24	20 wouldn't -- I wouldn't know if this 09:45:52
21 created? 09:43:27	21 falls under patient education or 09:45:52
22 MR. O'CONNOR: Objection. 09:43:27	22 marketing material. 09:45:55
23 THE WITNESS: I don't know. I 09:43:28	23 QUESTIONS BY MR. KAWAMOTO: 09:45:56
24 mean, I have not seen this piece, and 09:43:32	24 Q. But it was designed to be 09:45:59
25 I don't know to what purpose it 09:43:34	25 distributed outside of Mallinckrodt to inform 09:46:00
Page 43	Page 45
1 serves. 09:43:36	1 people regarding opioid products; is that 09:46:05
2 QUESTIONS BY MR. KAWAMOTO: 09:43:36	2 fair? 09:46:08
3 Q. Now, the e-mail indicates that 09:43:43	3 MR. O'CONNOR: Objection. 09:46:08
4 the pocket cards were for the national 09:43:44	4 THE WITNESS: I can't speculate 09:46:09
5 account managers. 09:43:48	5 what it was informing them of opioid 09:46:11
6 Do you see that, sir? 09:43:48	6 products. 09:46:15
7 A. Yes. 09:43:49	7 QUESTIONS BY MR. KAWAMOTO: 09:46:16
8 Q. Okay. And the e-mail indicates 09:43:49	8 Q. Well, the national account 09:46:18
9 that they were to be handed out at trade 09:43:52	9 managers were involved with the sale of both 09:46:20
10 shows and distributed to customers. 09:43:55	10 opioid -- I'm sorry, strike that. 09:46:24
11 Do you know what the reference 09:43:57	11 The national account managers 09:46:25
12 to "customers" means? 09:43:59	12 were involved with the sale of both branded 09:46:26
13 MR. O'CONNOR: Objection. 09:44:00	13 and generic opioid products, were they not? 09:46:28
14 THE WITNESS: The -- my 09:44:01	14 A. This -- this group, this was 09:46:34
15 understanding of the national account 09:44:06	15 a -- for our generics team, and that was 09:46:40
16 managers, the NAMs, the customers are 09:44:08	16 generic opioids only. 09:46:42
17 the wholesalers and distributors. 09:44:11	17 Q. Okay. So these marketing -- 09:46:43
18 QUESTIONS BY MR. KAWAMOTO: 09:44:13	18 well, these materials presumably relate to 09:46:48
19 Q. Okay. And I guess they would 09:44:27	19 generic opioids then, based on this e-mail? 09:46:50
20 be handed out at trade shows. 09:44:29	20 A. I would have -- 09:46:53
21 So if trade shows were -- if a 09:44:32	21 MR. O'CONNOR: Objection. 09:46:53
22 trade show were to occur in Ohio, presumably 09:44:33	22 THE WITNESS: Sorry. 09:46:54
23 this material would have been handed out 09:44:35	23 I would have to review the 09:46:55
24 there? 09:44:37	24 piece to specify whether it was brands 09:46:56
25 MR. O'CONNOR: Objection. 09:44:37	or generics. 09:46:58

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1	QUESTIONS BY MR. KAWAMOTO:	09:46:59	1 QUESTIONS BY MR. KAWAMOTO:	09:49:18
2	Q. Okay. Well, could you review	09:46:59	2 Q. Well, the sales of	09:49:18
3	the first page then?	09:47:01	3 Mallinckrodt's products that they were in	09:49:20
4	A. Okay.	09:47:03	4 charge of distributing.	09:49:21
5	Q. So does this material relate to	09:47:48	5 MR. O'CONNOR: Objection.	09:49:24
6	branded or generic products?	09:47:50	6 THE WITNESS: My understanding	09:49:24
7	A. Well, since it would relate to	09:47:52	7 of the national account -- the	09:49:26
8	opioids in general, a general class of	09:47:59	8 wholesalers is that they did not	09:49:28
9	opioids.	09:48:03	9 specifically identify any one	09:49:30
10	Q. Okay. So that would -- and	09:48:03	10 particular manufacturer's products.	09:49:32
11	that would include both branded and generic	09:48:04	11 They had -- they had a basket of	09:49:36
12	products for Mallinckrodt, that class of	09:48:07	12 products that they would make	09:49:39
13	opioids?	09:48:10	13 available to their customers and --	09:49:41
14	MR. O'CONNOR: Objection.	09:48:10	14 but to my knowledge, they were not in	09:49:44
15	THE WITNESS: Well, since	09:48:11	15 a position advocating one product over	09:49:46
16	there's no branding on it and it was	09:48:11	16 another.	09:49:49
17	not used by a brand national account	09:48:15	17 QUESTIONS BY MR. KAWAMOTO:	09:49:49
18	manager, my personal opinion is it	09:48:18	18 Q. Well, so why is Mallinckrodt	09:49:49
19	pertains only to generic opioids.	09:48:21	19 providing this information to wholesalers and	09:49:50
20	QUESTIONS BY MR. KAWAMOTO:	09:48:23	20 distributors?	09:49:52
21	Q. Okay. And who was the target	09:48:24	21 MR. O'CONNOR: Objection.	09:49:53
22	audience for this information?	09:48:28	22 THE WITNESS: You would have to	09:49:53
23	A. You would have to ask the	09:48:30	23 ask the person who put this together.	09:50:00
24	person who put this together. I don't know.	09:48:31	24 QUESTIONS BY MR. KAWAMOTO:	09:50:03
25	Q. Was one of the purposes of this	09:48:33	25 Q. Who reviewed the information in	09:50:04
	Page 47		Page 49	
1	material to educate doctors?	09:48:42	1 this -- in this -- in these -- in these	09:50:06
2	MR. O'CONNOR: Objection.	09:48:43	2 cards?	09:50:08
3	THE WITNESS: The national	09:48:44	3 A. The -- well, this would have	09:50:08
4	account managers did not call on	09:48:46	4 been reviewed and approved by our -- what we	09:50:13
5	physicians. They only called on --	09:48:48	5 call our medical/legal review board.	09:50:16
6	their customers were wholesalers and	09:48:50	6 Q. So what steps, if any, were	09:50:24
7	distributors.	09:48:52	7 taken to ensure this information was	09:50:26
8	QUESTIONS BY MR. KAWAMOTO:	09:48:52	8 accurate?	09:50:29
9	Q. But wholesalers and	09:48:53	9 A. Well, each representative for	09:50:29
10	distributors could have provided this	09:48:54	10 that -- that review board or review	09:50:30
11	information to their customers, which would	09:48:56	11 committee, who is comprised of a physician,	09:50:33
12	have included doctors and pharmacists?	09:48:59	12 an attorney and someone from our regulatory	09:50:36
13	MR. O'CONNOR: Objection.	09:49:01	13 compliance team, would review it for medical	09:50:41
14	THE WITNESS: I do not know how	09:49:02	14 accuracy, legal accuracy and general FDA	09:50:43
15	the wholesalers or distributors would	09:49:04	15 compliance.	09:50:45
16	use this piece.	09:49:07	16 Q. And Mallinckrodt would agree	09:50:46
17	QUESTIONS BY MR. KAWAMOTO:	09:49:08	17 that's very important that the information in	09:50:48
18	Q. But presumably wholesalers and	09:49:08	18 this pocket card set be accurate, would it	09:50:50
19	distributors would use this information to	09:49:10	19 not?	09:50:54
20	encourage sales of their products, would they	09:49:12	20 MR. O'CONNOR: Objection.	09:50:54
21	not?	09:49:14	21 THE WITNESS: Accurate to --	09:50:54
22	MR. O'CONNOR: Objection.	09:49:14	22 yes, it would be accurate.	09:50:57
23	THE WITNESS: The sales of	09:49:15	23 (Mallinckrodt-Webb Exhibit 3	09:51:24
24	their products?	09:49:17	24 marked for identification.)	09:51:25
25			25	

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1	QUESTIONS BY MR. KAWAMOTO:	09:51:25	
2	Q. Okay. I would like to mark	09:51:25	1 breakthrough pain," and other is "the pain
3	this as Exhibit 3.	09:51:37	2 management prospect set" that looks very
4	So I've handed you an e-mail	09:51:50	3 similar to what we viewed in Exhibit 2.
5	and two attachments to that e-mail. The	09:51:52	4 A. Uh-huh.
6	e-mail is Bates numbered 2183036 and the	09:51:58	5 Q. Do you know how these materials
7	attachments are 2183038 and 2183040.	09:52:02	6 would have been distributed?
8	MR. GIORDANO: Counsel, this is	09:52:28	7 MR. O'CONNOR: Objection.
9	Philip Giordano from Arnold & Porter	09:52:30	8 THE WITNESS: Well, since
10	for Par and Endo companies.	09:52:32	9 they're -- I mean, these are
11	Could you read the full Bates	09:52:33	10 repurposing of pieces. It was our
12	number into the record just so we're	09:52:35	11 generics sales team, it was a piece
13	able to follow along on the phone?	09:52:37	12 for our generics -- so our generics
14	Because we can't see the exhibit.	09:52:39	13 did not call on physicians.
15	Thank you.	09:52:40	14 So I can speculate that it
16	MR. KAWAMOTO: Sure. By full	09:52:41	15 would be made available through the
17	Bates number, I take it you mean	09:52:42	16 trade shows and through trade
18	MNK-T1_2183036?	09:52:45	17 channels.
19	MR. GIORDANO: That's exactly	09:52:50	18 MR. O'CONNOR: I'll object.
20	right. Thank you very much.	09:52:51	19 Well, I would object to any
21	QUESTIONS BY MR. KAWAMOTO:	09:52:52	20 speculation.
22	Q. Okay. So the e-mail is	09:52:52	21 QUESTIONS BY MR. KAWAMOTO:
23	MNK-T1_2183036.	09:52:54	22 Q. So you have no reason to
24	The attachment is -- the first	09:52:58	23 believe that these materials would not have
25	attachment is MNK-T1_2183038.	09:52:59	24 been distributed into Ohio?
			25 A. Correct.
		09:56:02	
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1	And then the next attachment is	09:53:05	1 MR. O'CONNOR: Objection.
2	MNK-T1_2183040.	09:53:07	2 THE WITNESS: Oh, I'm sorry.
3	So this is an e-mail chain	09:53:36	3 MR. O'CONNOR: That's all
4	involving LouAnn Randall and John Decker.	09:53:40	4 right.
5	Who is John Decker?	09:53:41	5 QUESTIONS BY MR. KAWAMOTO:
6	A. John Decker was from our	09:53:44	6 Q. And then on the back page with
7	medical affairs team. I have to look exactly	09:53:46	7 Bates number MNK-T1_2183037, I'm referring
8	what his title was, but John was responsible	09:53:51	8 you to the back page of the e-mail, the very
9	for physician education -- not education	09:53:56	9 bottom e-mail there's a reference to the
10	material, but just trade journals and -- was	09:54:05	10 continuing education programs.
11	publication planning is the correct title.	09:54:08	11 Do you know what materials
12	Q. And when you say "trade	09:54:12	12 would have been created for the continuing
13	journals and publication planning," what do	09:54:19	13 education programs?
14	you mean by that?	09:54:22	14 MR. O'CONNOR: Objection.
15	A. Looking at what clinical	09:54:23	15 THE WITNESS: I'm sorry, you're
16	articles are in the journals, the	09:54:26	16 looking at the e-mail, not the piece.
17	professional journals, understanding, as	09:54:29	17 Okay. I'm sorry, can you
18	Mallinckrodt was producing clinical studies,	09:54:34	18 repeat your question?
19	how they would be published and how they	09:54:36	19 QUESTIONS BY MR. KAWAMOTO:
20	would be put into the -- made available to	09:54:39	20 Q. The e-mail at the very bottom
21	physicians.	09:54:42	21 says, "Jessica, would you be involved in the
22	Q. And the attachment to this	09:54:43	22 continuing education programs?"
23	e-mail, the e-mail references these as "two	09:54:45	23 So my question is do you know
24	pieces that we've done on pain," and one is	09:54:48	24 what materials would have been prepared for
25	entitled "The Oxford American pocket cards on	09:54:52	25 the continuing education programs?

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1	MR. O'CONNOR: Objection. 09:56:54	1 these pieces would have been used in the 09:58:47
2	THE WITNESS: Well, continuing 09:56:56	2 context of the continuing education programs? 09:58:48
3	education programs can vary. I mean, 09:57:00	3 A. That would be my understanding. 09:58:50
4	it was -- there is no -- it would -- 09:57:01	4 (Mallinckrodt-Webb Exhibit 4 09:59:10
5	there's not a core set of just 09:57:13	5 marked for identification.) 09:59:11
6	material that's available, standard 09:57:16	6 QUESTIONS BY MR. KAWAMOTO: 09:59:11
7	set of material. 09:57:18	7 Q. Okay. So I believe we're up to 09:59:11
8	QUESTIONS BY MR. KAWAMOTO: 09:57:19	8 Exhibit 4. 09:59:22
9	Q. And the target audience of the 09:57:20	9 So, sir, I've handed you 09:59:34
10	continuing education program would have been 09:57:21	10 Exhibit 4. It's an e-mail with an 09:59:36
11	physicians, would it not? 09:57:23	11 attachment, and the e-mail starts with Bates 09:59:39
12	A. Not necessarily. 09:57:25	12 number MNK-T1_1786889 and the attachment 09:59:42
13	Q. Who would have been the target 09:57:27	13 starts with MNK-T1_1786865. 09:59:48
14	audience for a continuing education -- for 09:57:30	14 A. Okay. 10:02:39
15	your continuing education programs? 09:57:32	15 Q. So this e-mail was actually two 10:02:40
16	A. It would have been any health 09:57:34	16 e-mail chains combined. The first e-mail 10:02:43
17	care professional who was required to 09:57:36	17 chain is from 2008, and then the second 10:02:46
18	continue, as part of their license, to 09:57:38	18 e-mail chain is from 2010. 10:02:48
19	receive continuing education. 09:57:39	19 I would like to focus on the 10:02:50
20	Q. So not only doctors, but 09:57:41	20 e-mail chain from 2010. 10:02:51
21	nurses, pharmacists, others as well? 09:57:43	21 The subject is the 10:02:53
22	A. Correct. 09:57:45	22 ASPE-endorsed pain pocket guide and Exalgo 10:02:59
23	Q. Okay. Now, you indicated that 09:57:46	23 opportunity. 10:03:02
24	this material was being repurposed, correct? 09:57:49	24 Do you know what ASPE is? 10:03:02
25	A. Correct. 09:57:52	25 A. That's the American Society of 10:03:04
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1	Q. Okay. By "repurposed," you 09:57:53	1 Pain Educators. 10:03:07
2	mean that this material or some -- well, 09:57:55	2 Q. Okay. And they reference their 10:03:07
3	strike that. 09:57:58	3 pain pocket guide, which is attached to this 10:03:10
4	So these -- so these pain cards 09:57:58	4 e-mail at Bates number MNK-T1_1786865. 10:03:13
5	are being repurposed in the context of the 09:58:02	5 Do you know how this pocket 10:03:26
6	continuing education program, correct? 09:58:05	6 guide was distributed? 10:03:28
7	A. Repurposed to the extent that 09:58:06	7 A. This -- from what I'm gleaning 10:03:29
8	we are not changing any of the content of 09:58:10	8 from the e-mail, it appears that it would be 10:03:37
9	this material. 09:58:12	9 distributed by our sales force. 10:03:40
10	Meaning that that first piece, 09:58:16	10 Q. Okay. Do you have any reason 10:03:41
11	the Oxford American pocket cards, that is not 09:58:18	11 to believe that this pocket guide would not 10:03:42
12	our material, but we would put "Compliments 09:58:22	12 have been distributed into Ohio? 10:03:46
13	of Mallinckrodt" on there. 09:58:25	13 A. No. 10:03:47
14	Q. And the same with the pain 09:58:26	14 Q. Okay. And the e-mail at the 10:03:48
15	management pocket card set? 09:58:30	15 bottom of MNK-T1_1786889, the bottom of that 10:03:56
16	A. That would be my understanding 09:58:31	16 page, references an order for 25,000 pocket 10:04:01
17	of that piece as well. 09:58:32	17 guides. 10:04:04
18	Q. And these -- I'm sorry, go 09:58:33	18 Do you see that? 10:04:04
19	ahead. 09:58:36	19 A. I do. 10:04:04
20	A. But again, I'm not familiar 09:58:36	20 Q. Okay. Do you have any reason 10:04:06
21	with that piece or the piece before that, but 09:58:37	21 to believe that Mallinckrodt did not actually 10:04:07
22	there's a lot of content on here, so I've 09:58:39	22 end up purchasing 25,000 pocket guides? 10:04:09
23	never seen that piece. 09:58:43	23 A. I do not. 10:04:13
24	Q. And based on the e-mail, 09:58:43	24 Q. Okay. Now, focusing on the 10:04:14
25	though, these would have been used -- both of 09:58:45	25 pocket guide, is this pocket guide designed 10:04:25

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1 for use with generic opioid products, branded 10:04:28	1 distributed through our sales force as well. 10:07:09
2 opioid products, or is it just opioid 10:04:32	2 Q. And do you have any reason to 10:07:11
3 products in general? 10:04:35	3 believe that this wouldn't have been 10:07:12
4 MR. O'CONNOR: Objection. 10:04:36	4 distributed in Ohio? 10:07:14
5 THE WITNESS: The piece itself 10:04:38	5 A. No, I do not. 10:07:16
6 speaks to the class of opioids. The 10:04:44	6 Q. And what steps did Mallinckrodt 10:07:18
7 use of the piece would have been 10:04:48	7 take to ensure that the information in this 10:07:23
8 through our sales aids -- or excuse 10:04:50	8 pain pocket guide was accurate? 10:07:26
9 me, our sales reps. 10:04:52	9 A. Any material -- any material 10:07:28
10 QUESTIONS BY MR. KAWAMOTO: 10:04:53	10 that would go through our sales force is 10:07:34
11 Q. And when you say "speaks to the 10:04:54	11 filed with the FDA for approval for use, and 10:07:36
12 class of opioids," you're referring -- well, 10:04:56	12 that would have gone through our same 10:07:39
13 you're referring to a class of opioids that 10:04:59	13 medical/legal compliance review board. 10:07:44
14 would include both Mallinckrodt-branded and 10:05:00	14 (Mallinckrodt-Webb Exhibit 6 10:07:49
15 generic products, fair? 10:05:04	15 marked for identification.) 10:07:56
16 MR. O'CONNOR: Objection. 10:05:05	16 QUESTIONS BY MR. KAWAMOTO: 10:07:56
17 THE WITNESS: It would 10:05:06	17 Q. So I'm handing you what's been 10:08:17
18 include -- it would include all 10:05:09	18 marked as Exhibit 6. Bears a Bates number 10:08:18
19 opioids, yes, sir. 10:05:10	19 MNK-T1_243238. 10:08:26
20 (Mallinckrodt-Webb Exhibit 5 10:05:38	20 A. Okay. 10:09:56
21 marked for identification.) 10:05:38	21 Q. So this document appears to be 10:09:56
22 QUESTIONS BY MR. KAWAMOTO: 10:05:38	22 an advertisement that cover pages -- depicts 10:09:58
23 Q. I would like to mark this as 10:05:38	23 a pictures of a wrestler and it says, "Why 10:10:03
24 Exhibit 5. 10:05:42	24 wrestle with chronic pain?" 10:10:06
25 So, Mr. Webb, I am handing you 10:05:45	25 Is this an example of an opioid 10:10:09
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1 Exhibit 5. It starts with Bates number 10:05:48	1 product ad? 10:10:11
2 MNK-T1_2248914. It has an attachment which 10:05:48	2 A. This piece in particular you're 10:10:13
3 is MNK-T1_2248919. 10:05:56	3 asking me about? 10:10:16
4 This is essentially just the 10:06:00	4 Q. Yes. 10:10:17
5 2008 -- 10:06:03	5 A. No, this is what we would 10:10:18
6 A. I haven't seen the piece yet so 10:06:04	6 customer our master sales aid. 10:10:21
7 if you can just hold on. 10:06:07	7 Q. I'm sorry, a what -- a master 10:10:22
8 Thank you. Okay. I'm sorry. 10:06:14	8 sales aid? 10:10:25
9 Q. This is essentially -- or this 10:06:15	9 A. A master sales aid. That's a 10:10:25
10 is the 2008 portion of the longer e-mail 10:06:17	10 piece used by the sales force. 10:10:29
11 chain that you just reviewed in Exhibit 4. 10:06:21	11 Q. And so this would have been 10:10:31
12 A. Okay. 10:06:24	12 provided to health care professionals, would 10:10:32
13 Q. And its attachment appears to 10:06:25	13 it not? 10:10:33
14 be the 2008 pain pocket guide put out by the 10:06:28	14 A. Correct. 10:10:34
15 ASPE. 10:06:33	15 Q. And this would have been 10:10:34
16 MR. O'CONNOR: Objection. 10:06:40	16 provided to, among others, health care 10:10:35
17 THE WITNESS: Okay. I'm sorry, 10:06:57	17 professionals in Ohio, correct? 10:10:37
18 was there a question pending? 10:06:59	18 A. Correct. 10:10:39
19 QUESTIONS BY MR. KAWAMOTO: 10:07:01	19 Q. Okay. Thank you. Put that 10:10:41
20 Q. Yes. 10:07:02	20 aside. 10:10:50
21 Do you know how this pain -- 10:07:03	21 (Mallinckrodt-Webb Exhibit 7 10:10:50
22 well, strike that. 10:07:04	22 marked for identification.) 10:10:51
23 How was this pocket guide 10:07:04	23 QUESTIONS BY MR. KAWAMOTO: 10:10:51
24 distributed by Mallinckrodt? 10:07:08	24 Q. I think this is now Exhibit 7. 10:11:00
25 A. This would have been 10:07:08	25 So I've handed you what's 10:11:02

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1 marked as Exhibit 7. Its Bates number is 10:11:07	1 QUESTIONS BY MR. KAWAMOTO: 10:14:14
2 MNK-T1_93384. And it is -- 10:11:10	2 Q. This is Exhibit 9. I've handed 10:14:21
3 A. Okay. 10:12:04	3 you a document Bates number MNK-T1_93326, and 10:14:42
4 Q. Okay. So this -- is this an 10:12:05	4 the document is entitled, "Exalgo, a clinical 10:14:50
5 example of a -- well, strike that. 10:12:07	5 overview." 10:14:53
6 So this document is captioned, 10:12:09	6 A. Okay. 10:14:54
7 "What will your patients be doing when time 10:12:12	7 Q. Is this another sales aid? 10:14:54
8 runs out on their chronic pain medicine?" It 10:12:15	8 A. This would be a sales aid, 10:14:56
9 includes a picture of tennis shoes and what 10:12:17	9 correct. 10:14:57
10 appears to be a leash. 10:12:19	10 Q. Okay. And so it would have 10:14:58
11 I take it, is this another 10:12:21	11 been distributed by your sales force to 10:15:00
12 example of a master sales aid? 10:12:23	12 health care professionals in Ohio; is that 10:15:03
13 A. This would be an example of 10:12:24	13 fair? 10:15:06
14 what would constitute a sales aid. 10:12:26	14 A. Correct. 10:15:06
15 Q. Okay. And was this sales aid 10:12:27	15 Q. Okay. Put that aside. 10:15:10
16 distributed by your sales force to health 10:12:31	16 (Mallinckrodt-Webb Exhibit 10 10:15:12
17 care professionals? 10:12:34	17 marked for identification.) 10:15:13
18 A. Yes. 10:12:34	18 QUESTIONS BY MR. KAWAMOTO: 10:15:13
19 Q. And it would have included 10:12:35	19 Q. This would be Exhibit 10. 10:15:27
20 health care professionals in Ohio, would it 10:12:36	20 So I've handed you a document 10:15:38
21 not? 10:12:38	21 Bates numbered MNK-T1_89968, and it -- it's 10:15:39
22 A. Correct. 10:12:38	22 a -- the cover of the document is captioned, 10:15:46
23 (Mallinckrodt-Webb Exhibit 8 10:12:46	23 "Now may be the time for a switch," and it 10:15:50
24 marked for identification.) 10:12:47	24 indicates someone pulling their face off with 10:15:52
25	25 a face underneath it. 10:15:55
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1 QUESTIONS BY MR. KAWAMOTO: 10:12:47	1 A. Correct. Uh-huh. 10:15:59
2 Q. This is going to be Exhibit 8. 10:12:58	2 Q. Is this another example of a 10:16:00
3 I've handed you a document 10:13:00	3 sales aid? 10:16:02
4 Bates numbered MNK-T1_999355. 10:13:05	4 A. Correct. 10:16:02
5 A. Okay. 10:13:29	5 Q. And so this would have been 10:16:03
6 Q. And is this another example of 10:13:29	6 distributed by your sales force to health 10:16:05
7 a sales aid? 10:13:31	7 care professionals in Ohio? 10:16:09
8 A. Master sales aid. 10:13:32	8 A. Correct. 10:16:10
9 Q. Master sales aid. 10:13:34	9 Q. And so these materials were not 10:16:12
10 What's the difference between a 10:13:36	10 distributed directly to patients? 10:16:15
11 master sales aid and a sales said? 10:13:37	11 A. No, they were not. 10:16:16
12 A. The master sales aid is the 10:13:40	12 Q. Would this -- would this sales 10:16:19
13 primary document that would a -- a sales rep 10:13:42	13 aid have been included or placed in a medical 10:16:22
14 would use in the field. A sales aid then 10:13:45	14 journal? 10:16:26
15 would be any shorter, smaller pieces 10:13:46	15 A. I cannot speak to this piece 10:16:26
16 truncated. 10:13:50	16 particularly, if it was placed in a journal. 10:16:31
17 Q. Okay. 10:13:50	17 I would have to see the journal. 10:16:34
18 A. Similar messaging, though. 10:13:51	18 So I know we did journal ads, 10:16:35
19 Q. So this master sales aid would 10:13:52	19 but I don't recall if this particular piece 10:16:36
20 have distributed by your sales force, 10:13:54	20 was a journal ad itself. 10:16:39
21 including to health care professionals in 10:13:56	21 Q. But a piece similar to this 10:16:40
22 Ohio, correct? 10:13:57	22 could -- well, strike that. 10:16:43
23 A. Correct. 10:13:58	23 Would the journal ads have been 10:16:44
24 (Mallinckrodt-Webb Exhibit 9 10:14:14	24 similar to the sales ads that we have been 10:16:49
25 marked for identification.) 10:14:14	25 reviewing the past few minutes? 10:16:52

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1 MR. O'CONNOR: Objection.	10:16:54		1 A. Okay.	10:19:29	
2 THE WITNESS: No.	10:16:54		2 Q. What is this document?	10:19:29	
3 QUESTIONS BY MR. KAWAMOTO:	10:16:57		3 A. This -- this document is used	10:19:31	
4 Q. In what way would they have	10:16:58		4 as a sales training document.	10:19:38	
5 been different?	10:17:00		5 Q. And when you say "sales	10:19:40	
6 A. The material that we were	10:17:00		6 training document," what do you mean by that?	10:19:42	
7 reviewing as far as the sales material	10:17:02		7 A. The piece, as entitled -- this	10:19:44	
8 contain greater clinical content.	10:17:05		8 piece is referencing the -- once you get the	10:19:48	
9 A journal ad is generally for	10:17:10		9 whole story, that would have been the detail	10:19:52	
10 name placement and brand -- brand awareness.	10:17:13		10 aid or the sales aid, and it's designed as a	10:19:54	
11 It may give some piece of information	10:17:18		11 leave-behind, meaning it's intended and	10:19:58	
12 regarding -- but it wouldn't be to the level	10:17:20		12 designed to be left with the physician or the	10:20:01	
13 of the detail that you would see in a sales	10:17:22		13 health care provider.	10:20:04	
14 aid or a master sales aid.	10:17:24		14 Implementation guide is	10:20:05	
15 Q. And its purpose would have been	10:17:25		15 training -- would be used by our sales	10:20:06	
16 to raise awareness among health care	10:17:27		16 department on educating the sales force on	10:20:08	
17 professionals regarding Mallinckrodt's	10:17:30		17 appropriate messaging and fair balance.	10:20:12	
18 branded products?	10:17:32		18 Q. So we're looking -- this	10:20:14	
19 MR. O'CONNOR: Objection.	10:17:33		19 document is the implementation guide, so it's	10:20:15	
20 THE WITNESS: Correct.	10:17:33		20 essentially training the sales force	10:20:17	
21 QUESTIONS BY MR. KAWAMOTO:	10:17:34		21 regarding -- based on the leave-behind; is	10:20:21	
22 Q. Would it have -- would you also	10:17:35		22 that fair?	10:20:28	
23 have had journal ads designed to raise	10:17:37		23 A. Correct.	10:20:28	
24 awareness among health care professionals of	10:17:39		24 Q. And what was it training the	10:20:28	
25 Mallinckrodt's generic products?	10:17:42		25 sales force to do?	10:20:31	
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1 MR. O'CONNOR: Objection.	10:17:43		1 MR. O'CONNOR: Objection.	10:20:33	
2 THE WITNESS: I cannot -- I'm	10:17:44		2 THE WITNESS: It was training	10:20:35	
3 not aware of any journal ads for --	10:17:48		3 the sales force on the appropriate use	10:20:36	
4 for generic opioids, but if they were	10:17:51		4 of how to position this piece through	10:20:38	
5 placed, they would be placed in	10:17:53		5 the important safety information and	10:20:40	
6 articles -- or excuse me, publications	10:17:57		6 the clinical content therein.	10:20:42	
7 targeting their customers, which would	10:17:58		7 QUESTIONS BY MR. KAWAMOTO:	10:20:44	
8 have been wholesalers and	10:18:01		8 Q. And so all of Mallinckrodt's	10:20:45	
9 distributors, not to health care	10:18:02		9 sales reps, including its Ohio sales reps,	10:20:46	
10 providers.	10:18:04		10 would have received this training?	10:20:50	
11 QUESTIONS BY MR. KAWAMOTO:	10:18:07		11 A. They should have received all	10:20:52	
12 Q. And did Mallinckrodt ever run	10:18:08		12 the training, yes.	10:20:54	
13 journal ads raising awareness for its opioid	10:18:09		13 Q. And so would it be fair to	10:20:59	
14 products generally, so essentially unbranded	10:18:14		14 characterize this in some ways as a script	10:21:01	
15 advertising?	10:18:19		15 for the -- for the sales force so that they	10:21:04	
16 A. No.	10:18:20		16 could understand how to position this piece?	10:21:06	
17 (Mallinckrodt-Webb Exhibit 11	10:18:23		17 A. I would not characterize it as	10:21:08	
18 marked for identification.)	10:18:24		18 a script. I would characterize it as a piece	10:21:11	
19 QUESTIONS BY MR. KAWAMOTO:	10:18:24		19 to draw reference to that when they are	10:21:14	
20 Q. Okay. So I believe this is	10:18:24		20 speaking to an element of the content, that	10:21:18	
21 Exhibit 11 now.	10:18:43		21 they had -- they were trained on what should	10:21:21	
22 So I've handed you a document	10:18:49		22 be said, how -- how to position this with	10:21:24	
23 that's Bates numbered MNK-T1_95581, and it's	10:18:51		23 physicians so that they stay on label.	10:21:29	
24 titled "Whole Story Sales Aid/Leave Behind	10:19:01		24 Q. And in terms of positioning, is	10:21:30	
25 Implementation Guide."	10:19:09		25 that another way of saying -- well, strike	10:21:34	

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1	that.	10:21:36	1	QUESTIONS BY MR. KAWAMOTO:
2	What do you mean by	10:21:36	2	Q. Sure.
3	"positioning"?	10:21:38	3	What is a promotional
4	A. Present.	10:21:39	4	communications tactical plan? That's the
5	Q. So it would have been important	10:21:40	5	title of this document.
6	for the sales force to stay on message,	10:21:43	6	MR. O'CONNOR: Objection.
7	correct?	10:21:45	7	But you can answer.
8	MR. O'CONNOR: Objection.	10:21:46	8	THE WITNESS: This will be a
9	THE WITNESS: On label.	10:21:46	9	document, it's an internal document,
10	QUESTIONS BY MR. KAWAMOTO:	10:21:48	10	generally put together by the product
11	Q. And when you say stay "on	10:21:50	11	director or the product manager to
12	label," what do you mean by that?	10:21:52	12	walk the organization through the
13	A. The FDA-approved label within	10:21:54	13	launch plan once the product is
14	our package insert, what we can say about the	10:21:57	14	approved from approval to first
15	product.	10:22:01	15	detailed the product.
16	Q. So in -- well, strike that.	10:22:01	16	QUESTIONS BY MR. KAWAMOTO:
17	So does this implementation	10:22:04	17	Q. And you see the slide on
18	guide provide guidance to the sales force as	10:22:06	18	pages 2 and 3 that are titled "positioning"
19	to what they can say and what they are not	10:22:10	19	and "positioning statement."
20	supposed to say?	10:22:13	20	A. I do.
21	MR. O'CONNOR: Objection.	10:22:13	21	Q. What is that?
22	THE WITNESS: This would be --	10:22:14	22	A. The positioning statement is
23	well, I want to clarify your question	10:22:21	23	a -- the mindset of what we would want the
24	when you say what not to say.	10:22:24	24	physician or how we would want the product to
25	We're teaching the sales force	10:22:26	25	be viewed in the marketplace by the health
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1	on what they can say, what they should	10:22:28	1	care provider.
2	be saying.	10:22:31	2	Q. And so is this the sales
3	QUESTIONS BY MR. KAWAMOTO:	10:22:31	3	message to the health care professionals?
4	Q. And so presumably they should	10:22:32	4	A. No, it is not a sales message.
5	not be ad-libbing or saying things that are	10:22:32	5	Q. So when you say that it is --
6	not in this implementation guide; is that	10:22:35	6	this is the mindset of what you would want
7	correct?	10:22:39	7	the physician -- well, I'm sorry, strike
8	MR. O'CONNOR: Objection.	10:22:39	8	that.
9	Objection.	10:22:40	9	I believe you indicated that
10	THE WITNESS: That is correct.	10:22:40	10	the position -- "the positioning statement is
11	(Mallinckrodt-Webb Exhibit 12	10:22:40	11	a mindset of what we would want the physician
12	marked for identification.)	10:22:40	12	or how we would want the product to be viewed
13	QUESTIONS BY MR. KAWAMOTO:	10:22:40	13	in the marketplace."
14	Q. I'm going to hand you	10:22:42	14	And so how -- how would you go
15	Exhibit 12 now.	10:23:16	15	about achieving that?
16	A. Thank you.	10:23:17	16	A. That then would be achieved
17	Q. So Exhibit 12 is a PowerPoint.	10:23:17	17	through our sales material or our sales aid.
18	It's Bates numbered MNK-T1_180030.	10:23:22	18	Q. And so your sales material were
19	A. Okay.	10:24:24	19	designed to convince or persuade the health
20	Q. Okay. So what is the -- what	10:24:24	20	care professionals -- well, strike that.
21	is a promotional communications tactical	10:24:28	21	So the goal of your sales and
22	plan?	10:24:32	22	marketing was to persuade the health care --
23	A. Can I answer?	10:24:32	23	the health care professionals of your
24	MR. O'CONNOR: Yeah, I'm sorry,	10:24:36	24	positioning statement; is that correct?
25	would you repeat that?	10:24:38	25	MR. O'CONNOR: Objection.

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1	THE WITNESS: It would -- it	10:26:58	1	And so we would then take	10:51:03
2	would be -- the mindset of the -- of	10:27:07	2	messaging or variations of messaging from the	10:51:08
3	what we would want the product to	10:27:09	3	label to the physicians. We would look at	10:51:10
4	be -- to connote to a physician, to	10:27:12	4	different pictures or concepts that were	10:51:12
5	a health care provider.	10:27:15	5	developed by an ad agency for us.	10:51:15
6	QUESTIONS BY MR. KAWAMOTO:	10:27:16	6	That then would be -- would	10:51:22
7	Q. And the way you would achieve	10:27:16	7	research with the physicians what piece or	10:51:25
8	that goal in terms of the appropriate mindset	10:27:17	8	what message resonated with the physicians or	10:51:27
9	for the health care professional is through	10:27:20	9	they would need -- information reported back	10:51:29
10	your sales and marketing efforts, that's my	10:27:22	10	through our market research team back to the	10:51:30
11	question?	10:27:26	11	product director or the product team.	10:51:32
12	MR. O'CONNOR: Objection.	10:27:26	12	That then would go into a sales	10:51:35
13	THE WITNESS: Correct.	10:27:27	13	aid, sales development material, sales aid.	10:51:38
14	MR. O'CONNOR: It's almost	10:27:37	14	That sales aid will often go back to a	10:51:42
15	10:30. We've been going for a bit.	10:27:40	15	physician through market research. The	10:51:45
16	Do you want to take a break	10:27:42	16	physician then would get -- or perspective or	10:51:47
17	now?	10:27:43	17	insight from the physician on the -- just the	10:51:52
18	MR. KAWAMOTO: Yeah, why don't	10:27:43	18	master sales aid as far as the message flow.	10:51:54
19	we take a break now.	10:27:44	19	And then once we felt that --	10:51:56
20	VIDEOGRAPHER: We're going off	10:27:44	20	the market team felt that they were in a good	10:51:58
21	the record at 10:27 a.m.	10:27:45	21	place with the sales aid, they would then	10:52:01
22	(Off the record at 10:27 a.m.)	10:27:47	22	lock it down and move into production and	10:52:04
23	VIDEOGRAPHER: We're back on	10:49:37	23	distribution.	10:52:09
24	the record at 10:49 a.m.	10:49:38	24	Q. And this was all being done on	10:52:09
25		10:49:38	25	a national level, correct?	10:52:10
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1	QUESTIONS BY MR. KAWAMOTO:	10:49:40	1	A. Well --	10:52:12
2	Q. So, Mr. Webb, during the past	10:49:40	2	MR. O'CONNOR: Objection.	10:52:14
3	hour we've looked at master sales aids, sales	10:49:43	3	THE WITNESS: National level to	10:52:15
4	aids, leave-behinds, you know, various	10:49:49	4	the extent it's developing one piece.	10:52:17
5	marketing and advertising materials.	10:49:51	5	QUESTIONS BY MR. KAWAMOTO:	10:52:19
6	What was the general process	10:49:53	6	Q. Okay. And so there's no	10:52:19
7	for developing these materials?	10:49:55	7	difference in the marketing materials or	10:52:22
8	A. The -- each of the sales	10:49:56	8	advertisements that would have been	10:52:26
9	aids -- any of the marketing material for	10:50:05	9	distributed and used in Ohio as opposed to	10:52:28
10	the -- actually, it would be for the master	10:50:10	10	anywhere else in the country from	10:52:32
11	sales aid. So as a reminder of that, the	10:50:13	11	Mallinckrodt?	10:52:34
12	other sales aids fall -- are a variation of	10:50:15	12	MR. O'CONNOR: Objection.	10:52:34
13	the master sales aid. So the process I'm	10:50:18	13	Objection.	10:52:35
14	going to be speaking to would generally be	10:50:20	14	THE WITNESS: Well, I mean, to	10:52:35
15	the main sales aid or the master sales aid.	10:50:23	15	say which pieces were used in Ohio,	10:52:36
16	We would do market research	10:50:26	16	I'm not aware of, but I would not have	10:52:37
17	with physicians. Market research would be	10:50:31	17	any to suspect that the pieces that we	10:52:41
18	directed by our market research department,	10:50:36	18	developed for the nation would not be	10:52:43
19	which is separate from our marketing	10:50:39	19	used in Ohio.	10:52:44
20	department. The -- that individual then	10:50:40	20	QUESTIONS BY MR. KAWAMOTO:	10:52:44
21	would contract out with a third-party group	10:50:45	21	Q. Okay. And in terms of the	10:52:45
22	to develop the market research programs, such	10:50:48	22	training for the sales force, that was also	10:52:49
23	as individual one-on-ones with physicians	10:50:56	23	done via a national program, correct?	10:52:53
24	through a third party or through some kind of	10:50:59	24	A. All of our sales forces would	10:52:56
25	focus group.	10:51:02	25	have gone through the sale training, same	10:53:00

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1 sales training. 10:53:03	1 education and enabling tools is patients. 10:55:55
2 Q. So there's no reason to -- both 10:53:03	2 Do you see that box? 10:55:58
3 the messaging -- well, strike that. 10:53:05	3 A. I do. 10:56:00
4 The message from the Ohio sales 10:53:06	4 Q. I take it the tools identified 10:56:00
5 force would not have been different than the 10:53:09	5 in that box would have been provided to 10:56:05
6 message from the sales force in any other 10:53:12	6 patients? 10:56:07
7 part of the country, would that -- 10:53:15	7 MR. O'CONNOR: Objection. 10:56:08
8 MR. O'CONNOR: Objection to 10:53:17	8 THE WITNESS: These would have 10:56:09
9 scope. And objection to form, both. 10:53:17	9 been provided to patients via their 10:56:12
10 THE WITNESS: Can I answer? 10:53:22	10 health care provider. 10:56:14
11 MR. O'CONNOR: Yes, you can 10:53:24	11 QUESTIONS BY MR. KAWAMOTO: 10:56:15
12 answer. Yeah. 10:53:28	12 Q. Okay. And you'll see in the 10:56:15
13 THE WITNESS: The -- I have no 10:53:29	13 box, one of the -- one of the tools is a 10:56:18
14 reason to suspect that the sales force 10:53:31	14 Defeat Chronic Pain Now book. 10:56:24
15 in Ohio would have been trained any 10:53:35	15 Do you see that? 10:56:24
16 differently than the entire national 10:53:37	16 A. I do. 10:56:24
17 sales force. 10:53:39	17 Q. Okay. Are you familiar with 10:56:26
18 (Mallinckrodt-Webb Exhibit 13 10:53:49	18 that book? 10:56:27
19 marked for identification.) 10:53:49	19 A. I would have to look at the 10:56:29
20 QUESTIONS BY MR. KAWAMOTO: 10:53:49	20 pieces. I'm aware of the pieces, but I 10:56:32
21 Q. Okay. So I would like to hand 10:53:56	21 couldn't tell you what specifically that 10:56:36
22 you what's now marked as Exhibit 13. 10:53:58	22 piece was without seeing it. 10:56:38
23 So, sir, I've handed you a 10:54:24	23 Q. Okay. But I take it 10:56:39
24 document Bates numbered MNK-T1_98099. 10:54:25	24 Mallinckrodt would have reviewed that 10:56:40
25 A. Uh-huh. 10:54:31	25 publication before identifying it as a tool 10:56:42
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1 Q. On the document it indicates 10:54:31	1 for patients, correct? 10:56:44
2 it's part of the CARES Alliance, which is 10:54:33	2 MR. O'CONNOR: Objection. 10:56:45
3 trademarked. 10:54:35	3 THE WITNESS: Yes. 10:56:47
4 What is the CARES Alliance? 10:54:36	4 QUESTIONS BY MR. KAWAMOTO: 10:56:48
5 A. Go ahead? 10:54:38	5 Q. Okay. And so Mallinckrodt 10:56:49
6 CARES Alliance is an alliance 10:54:43	6 presumably concluded that that Defeat Chronic 10:56:51
7 or coalition that was developed by 10:54:48	7 Pain Now book was accurate, correct? 10:56:54
8 Mallinckrodt to help educate physicians or 10:54:51	8 MR. O'CONNOR: Objection. 10:56:56
9 health care providers on the appropriate use 10:54:59	9 THE WITNESS: That piece would 10:56:57
10 and prescribing of opioids. 10:55:02	10 have been reviewed by our medical, 10:56:59
11 Q. And this -- this slide or this 10:55:05	11 legal and regulatory team, yes. 10:57:02
12 document references education and enabling 10:55:12	12 (Mallinckrodt-Webb Exhibit 14 10:57:15
13 tools. 10:55:16	13 marked for identification.) 10:57:15
14 What were those? 10:55:16	14 QUESTIONS BY MR. KAWAMOTO: 10:57:15
15 A. The CARES Alliance had a -- a 10:55:18	15 Q. So I've just handed you a 10:57:39
16 series of material or pieces that were 10:55:25	16 document entitled "Exalgo proposed risk 10:57:41
17 used -- that were distributed to the -- to 10:55:28	17 mitigation strategy, including Exalgo risk 10:57:45
18 physicians and made available to them to -- 10:55:31	18 evaluation and mitigation strategies, REMS," 10:57:48
19 and/or pharmacists, so it was health care 10:55:34	19 and the Bates number for this is 10:58:08
20 professionals -- to help identify how to use, 10:55:37	20 MNK-T1_548549. 10:57:54
21 appropriately prescribe and how to assess 10:55:41	21 And I just have questions about 10:57:55
22 patients for appropriate use of opioids. 10:55:48	22 the -- it's a fairly lengthy document. So I 10:57:58
23 Q. And one of the categories of 10:55:49	23 just have questions about the first page and 10:58:02
24 education -- I'm sorry, strike that. 10:55:52	24 then Table 4, which I believe is on -- I 10:58:04
25 One of the categories of 10:55:54	25 believe that is on page -- it's page 12 of 10:58:16

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1 the document and it's Bates number 548560. 10:58:25	1 Exhibit 15. 11:00:52
2 A. Okay. 10:58:42	2 So I've handed you a document. 11:00:59
3 Q. So what is a REMS? 10:58:42	3 It's Bates numbered MNK-T1_1493093. The 11:01:16
4 A. REMS is an FDA requirement they 10:58:44	4 title is "CARES Alliance tools, catalog and 11:01:22
5 put in place, I believe it was 2012, for 10:58:51	5 order form." 11:01:26
6 long-acting opioids. It stands for risk 10:58:57	6 A. Uh-huh. Yes. 11:01:46
7 evaluation mitigation strategy. 10:59:01	7 Q. So what is this document? 11:01:47
8 Q. Okay. And you'll see on 10:59:05	8 A. This is -- I don't know if this 11:01:48
9 page 12 under Table 4, it's general opioid 10:59:08	9 is a -- this was a document that we would 11:01:59
10 risk mitigation tools and activities. 10:59:11	10 make available to health care providers that 11:02:01
11 So what is the purpose of that 10:59:16	11 provides him or her a listing of all the 11:02:05
12 table? 10:59:17	12 available education material on patient 11:02:08
13 Meaning why -- 10:59:24	13 safety that's available through CARES 11:02:12
14 MR. O'CONNOR: So -- 10:59:26	14 Alliance. 11:02:14
15 QUESTIONS BY MR. KAWAMOTO: 10:59:26	15 Q. And so this would have been a 11:02:14
16 Q. Let me rephrase. 10:59:26	16 listing of materials for physicians to 11:02:17
17 Meaning why is this table 10:59:27	17 provide to their patients in part, correct? 11:02:19
18 included in this REMS document? 10:59:29	18 MR. O'CONNOR: Objection. 11:02:23
19 MR. O'CONNOR: Objection. 10:59:30	19 THE WITNESS: No. I mean, 11:02:24
20 THE WITNESS: Well, first of 10:59:31	20 there's -- there's also pieces, 11:02:27
21 all, I'm not familiar -- I have not 10:59:32	21 information here that's specific to 11:02:29
22 seen this particular document. 10:59:33	22 just physicians that would not be 11:02:32
23 The -- this is a listing, 10:59:38	23 patient material. 11:02:33
24 though, that we would provide that 10:59:48	24 QUESTIONS BY MR. KAWAMOTO: 11:02:34
25 would outline or list all of the 10:59:50	25 Q. If I could direct your 11:02:34
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1 various materials that Mallinckrodt 10:59:52	1 attention to page 13 of this document, Bates 11:02:35
2 would be using to appropriately 10:59:57	2 number 1493099? 11:02:38
3 educate physicians or inform 10:59:58	3 A. Uh-huh, yes. 11:02:41
4 physicians regarding the use of 11:00:00	4 Q. That -- the title for that is 11:02:42
5 Exalgo. 11:00:02	5 "patient tools." 11:02:45
6 QUESTIONS BY MR. KAWAMOTO: 11:00:03	6 Do you see that? 11:02:46
7 Q. And so these would have been 11:00:03	7 A. I see that. 11:02:46
8 materials that were being used to satisfy the 11:00:05	8 Q. Okay. So I take it these would 11:02:48
9 REMS requirement by the FDA; is that correct? 11:00:09	9 have been materials for health care -- for 11:02:52
10 MR. O'CONNOR: Objection. 11:00:12	10 health care professionals to provide to their 11:02:55
11 THE WITNESS: Yeah, the REMS 11:00:14	11 patients? 11:02:58
12 was an FDA-required document, yes. So 11:00:16	12 MR. O'CONNOR: Objection. 11:02:59
13 this was laying out to the FDA, these 11:00:19	13 THE WITNESS: This would have 11:03:00
14 are the various documents that we used 11:00:20	14 been -- well, I -- since it's under 11:03:04
15 within our REMS program. 11:00:22	15 the patient tools category, I would 11:03:07
16 QUESTIONS BY MR. KAWAMOTO: 11:00:23	16 assume then, yes, that would be 11:03:09
17 Q. And one of the documents 11:00:24	17 available for patients. 11:03:11
18 identified is the Defeat Chronic Pain Now 11:00:25	18 QUESTIONS BY MR. KAWAMOTO: 11:03:12
19 book. 11:00:27	19 Q. Okay. And there's a 11:03:12
20 Do you see that? 11:00:27	20 description of the various tools. 11:03:15
21 A. I do. 11:00:28	21 Do you see that as well? 11:03:16
22 (Mallinckrodt-Webb Exhibit 15 11:00:43	22 A. Yes. 11:03:17
23 marked for identification.) 11:00:43	23 Q. Okay. And Mallinckrodt 11:03:19
24 QUESTIONS BY MR. KAWAMOTO: 11:00:43	24 prepared this catalog and order form? 11:03:21
25 Q. Okay. I believe we're up to 11:00:43	25 MR. O'CONNOR: Objection. 11:03:23

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1	THE WITNESS: Yes. 11:03:24	1 QUESTIONS BY MR. KAWAMOTO: 11:05:37
2	QUESTIONS BY MR. KAWAMOTO: 11:03:35	2 Q. But in the course of preparing 11:05:38
3	Q. Now, I would like to direct 11:03:44	3 for this 30(b)(6), you don't have any reason 11:05:39
4	your attention back to Exhibit 2. 11:03:46	4 to believe that Mallinckrodt believes that 11:05:41
5	Do you have that handy? 11:03:49	5 statement is inaccurate, do you? 11:05:43
6	And I would like to focus your 11:04:03	6 MR. O'CONNOR: Objection. 11:05:45
7	attention on the Bates number -- well, on the 11:04:04	7 THE WITNESS: No. 11:05:45
8	pain management card. 11:04:08	8 QUESTIONS BY MR. KAWAMOTO: 11:05:45
9	Do you see that? 11:04:09	9 Q. And given the review process 11:05:47
10	A. I do. 11:04:10	10 for this document, it would be your 11:05:49
11	Q. So do you see the box that says 11:04:11	11 expectation that Mallinckrodt agreed that the 11:05:52
12	"treat"? 11:04:13	12 statement is accurate; is that fair? 11:05:54
13	A. I'm sorry, where are you? What 11:04:16	13 MR. O'CONNOR: Objection. 11:05:56
14	box? 11:04:23	14 THE WITNESS: Correct. 11:05:56
15	Q. There's a box on the pain 11:04:23	15 QUESTIONS BY MR. KAWAMOTO: 11:05:57
16	management card and it says "treat." 11:04:25	16 Q. Okay. And what steps were 11:05:58
17	And actually, why don't I use 11:04:27	17 taken to ensure the accuracy of that bullet 11:06:04
18	the Elmo. That might make things a little 11:04:28	18 point? 11:06:07
19	better, assuming I can get over there. 11:04:32	19 A. This would have been head -- 11:06:07
20	So if I could direct your 11:04:40	20 would have been reviewed by our medical team, 11:06:10
21	attention, do you see that statement that I'm 11:04:41	21 our medical professional. 11:06:13
22	starring right over there? 11:04:44	22 Q. And do you know who that would 11:06:15
23	A. Yes, I'm sorry, yes. Okay. 11:04:45	23 have been? 11:06:17
24	Q. Okay. So can you read that 11:04:47	24 A. No. 11:06:17
25	statement into the record? Just that 11:04:50	25 Q. Okay. And what are the 11:06:19
	Page 87	Page 89
1	sentence or phrase. 11:04:51	1 scientific or medical studies that support 11:06:24
2	A. Under "treat"? 11:04:53	2 that statement? 11:06:25
3	Q. Yes, please. 11:04:54	3 A. Well, I would have to refer to 11:06:28
4	A. The first bullet? 11:04:55	4 the footnote, the reference, Dr. Gupta. I 11:06:32
5	Q. Yes, please. 11:04:56	5 would have to look at the notes on who -- 11:06:37
6	A. "With older adults, start dose 11:04:57	6 where the piece was originating. 11:06:39
7	low, go slow, but go." 11:05:00	7 I would have to look at -- I 11:06:55
8	Q. Okay. And I take it 11:05:03	8 would have to look at what IS 8 is. I don't 11:06:56
9	Mallinckrodt agrees with that statement? 11:05:05	9 know if that's an organization. 11:07:01
10	MR. O'CONNOR: Objection. 11:05:07	10 But the author would be Gupta, 11:07:02
11	THE WITNESS: This is a piece 11:05:08	11 and I would defer to -- assuming that's a 11:07:03
12	that Mallinckrodt would have reviewed 11:05:16	12 Dr. Gupta, but whoever Gupta is. 11:07:08
13	and approved. 11:05:17	13 Q. And you're getting Gupta from 11:07:09
14	QUESTIONS BY MR. KAWAMOTO: 11:05:18	14 the author, which -- Ruchir Gupta, 2014? 11:07:11
15	Q. Okay. So Mallinckrodt believes 11:05:18	15 A. Correct. 11:07:12
16	that that statement is an accurate one? 11:05:20	16 Q. Okay. But you don't -- 11:07:13
17	MR. O'CONNOR: Objection. 11:05:23	17 Mallinckrodt doesn't know what basis 11:07:18
18	QUESTIONS BY MR. KAWAMOTO: 11:05:23	18 Dr. Gupta had for that statement, does it? 11:07:21
19	Q. "With older adults, start dose 11:05:24	19 MR. O'CONNOR: Objection. 11:07:23
20	low, go slow, but go," correct? 11:05:27	20 THE WITNESS: The availability 11:07:24
21	MR. O'CONNOR: Objection. 11:05:30	21 of any our material would have been 11:07:28
22	THE WITNESS: I would have to 11:05:30	22 peer-reviewed and that -- we would 11:07:31
23	defer to our clinical team. I'm not a 11:05:31	23 have found -- we would have been -- 11:07:34
24	clinician. 11:05:37	24 utilized a peer-reviewed piece that 11:07:35
25		25 was accepted at the time for medical 11:07:37

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1	accuracy.	11:07:39	1	Q. Okay. So could you please read
2	QUESTIONS BY MR. KAWAMOTO:	11:07:40	2	the statement that says "Most" -- that starts
3	Q. But based on your preparation	11:07:40	3	with "Most opioid."
4	for this -- for this 30(b)(6) and based on	11:07:44	4	A. "Most opioid analgesics have no
5	your personal knowledge, you can't identify	11:07:48	5	analgesic" -- I'm sorry, I have to --
6	any scientific or medical studies that	11:07:52	6	"Most opioid analgesics have no
7	support this statement; is that accurate?	11:07:54	7	analgesic ceiling dose. Titrate to relief
8	A. Not from looking at just this	11:07:56	8	and assess for adverse effects."
9	piece, no.	11:07:58	9	Q. Okay. Does Mallinckrodt agree
10	Q. Directing your attention to the	11:07:59	10	with that statement?
11	bullet point that's four down, it says, "Two	11:08:05	11	A. I have no reason to suspect we
12	drugs of the same class."	11:08:08	12	would not agree with it.
13	Do you see that?	11:08:13	13	Q. Okay. And what are the
14	A. Discuss --	11:08:14	14	scientific or medical studies that support
15	Q. I'm sorry, let me --	11:08:16	15	that statement?
16	A. Oh, yeah, I do. "Two drugs,"	11:08:18	16	A. For this particular piece, I
17	yes, yes, uh-huh.	11:08:20	17	would have to refer to Gupta.
18	Q. Can you please read that into	11:08:21	18	Q. Do you see the bullet
19	the record?	11:08:22	19	underneath that that says -- that starts with
20	A. "Two drugs of the same class,	11:08:23	20	"Addiction rarely occurs"?
21	e.g., NSAIDS, should not generally be given	11:08:26	21	A. Yes.
22	concurrently. However, long- and	11:08:30	22	Q. Could you please read that into
23	short-acting opioids may be prescribed	11:08:33	23	the record?
24	together."	11:08:36	24	A. It reads, "Addiction rarely
25	Q. And does Mallinckrodt agree	11:08:37	25	occurs unless there is a" -- something of
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1	with that statement?	11:08:39	1	abuse, I can't -- there's a --
2	A. I would not have any reason to	11:08:39	2	Q. Well, it's HHX, is that
3	suspect that we would not.	11:08:44	3	history?
4	Q. Okay. And what steps were	11:08:45	4	A. History, yes, that would be
5	taken to ensure the accuracy of that	11:08:48	5	history.
6	statement?	11:08:49	6	Q. Okay.
7	A. That piece -- this piece, that	11:08:50	7	A. "Addiction rarely occurs unless
8	statement would have been reviewed by our	11:08:53	8	there's a history of abuse."
9	clinical review.	11:08:55	9	Q. Okay. Does Mallinckrodt agree
10	Q. And what are the scientific or	11:08:56	10	with that statement?
11	medical studies that support that statement?	11:08:57	11	A. I have no reason to suspect
12	A. I would have to defer to	11:09:00	12	that we would not agree with that statement.
13	Gupta's studies, resources.	11:09:06	13	Q. Okay. And what are the
14	Q. But you're not aware, based on	11:09:08	14	scientific or medical studies that support
15	your preparation for this 30(b)(6) or your	11:09:10	15	that statement?
16	personal knowledge, of what materials, if	11:09:13	16	A. I would defer to Gupta.
17	any, that Dr. Gupta relied on?	11:09:15	17	Q. And when you say you "would
18	A. Not offhand, no.	11:09:18	18	defer to Gupta," just to be clear, you're not
19	Q. Okay. And do you, in fact,	11:09:19	19	aware of what studies or what basis Mr. Gupta
20	know that that Ruchir Gupta is a doctor?	11:09:21	20	has for these statements, do you?
21	A. I do not personally, no.	11:09:26	21	A. Since I'm not familiar with
22	Q. Okay. Directing your attention	11:09:28	22	this piece, I have not seen it in its
23	to the box below "treat," it says "monitor."	11:09:30	23	entirety, I do not know if there's another
24	Do you see that? Right there?	11:09:32	24	page or another piece of it that lists any
25	A. Uh-huh. Yes, I do.	11:09:36	25	references. I have not --

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1	So I have no reason to suspect 11:11:34	1	Q. That first -- that first -- 11:14:29
2	no, but I have not seen the entire document. 11:11:36	2	well, there's a table and then it says, 11:14:30
3	Q. And you don't know anything 11:11:38	3	"acute pain, eudynia," underneath that. 11:14:32
4	about Mr. Gupta or his qualifications? 11:11:39	4	A. I'm sorry, where is it at? 11:14:36
5	A. Or Dr. Gupta. 11:11:42	5	Q. Let me. So it's right up 11:14:38
6	Q. Okay. Do you see the box at 11:11:45	6	there. 11:14:40
7	the top again -- let me try to point that 11:11:50	7	Do you see that? 11:14:40
8	out. It's right up there. 11:11:53	8	A. Uh-huh, I see that table. 11:14:40
9	A. Uh-huh. I do. Called 11:11:55	9	Q. Okay. And then do you see the 11:14:42
10	"breakthrough." 11:11:57	10	very bottom bullet point under that table? 11:14:43
11	Q. "Breakthrough pain management." 11:11:57	11	A. This one which I'm referring 11:14:47
12	Can you please read the first 11:12:00	12	to? 11:14:49
13	bullet point? 11:12:06	13	Q. Yes. 11:14:50
14	A. "Use long-acting opioids around 11:12:07	14	A. Yes. 11:14:50
15	the clock for baseline management of 11:12:10	15	Q. Okay. Can you please read that 11:14:50
16	persistent pain." 11:12:13	16	into the record? 11:14:52
17	Q. And can you please read the 11:12:14	17	A. The bullet reads, "Risk of 11:14:52
18	second bullet point? 11:12:16	18	addiction rare, see Table 7, closed 11:14:55
19	A. "Use short-acting opioids, PRN, 11:12:16	19	parentheses." 11:14:58
20	parenthesis, rescue, close parenthesis, for 11:12:20	20	Q. Okay. And review Table 7, if 11:14:59
21	breakthrough pain." 11:12:24	21	you would like to, but I guess my question is 11:15:05
22	Q. Okay. I take it Mallinckrodt 11:12:25	22	does Mallinckrodt agree with that statement? 11:15:07
23	agrees with both of those statements? 11:12:31	23	MR. O'CONNOR: Objection. 11:15:10
24	MR. O'CONNOR: Objection. 11:12:33	24	THE WITNESS: I would have no 11:15:15
25	THE WITNESS: I would not have 11:12:34	25	reason to suspect we do not. 11:15:17
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1	reason to suspect we do not. 11:12:37	1	QUESTIONS BY MR. KAWAMOTO: 11:15:19
2	QUESTIONS BY MR. KAWAMOTO: 11:12:39	2	Q. And what are the medical or 11:15:20
3	Q. Okay. But you're not aware of 11:12:39	3	scientific studies that support the statement 11:15:21
4	the -- any medical studies or scientific 11:12:41	4	that risk of addiction is rare? 11:15:23
5	studies that support those statements? 11:12:45	5	A. I would have to refer to 11:15:25
6	A. As contained within this piece, 11:12:48	6	Table 7, and then the publication, 11:15:31
7	I am not. 11:12:49	7	peer-reviewed publication, entitled -- 11:15:36
8	Q. Okay. Thank you. 11:12:51	8	adapted from "Public Policy Statement on the 11:15:39
9	Can you please take a look at 11:13:27	9	Rights and Responsibilities of Physicians in 11:15:42
10	Exhibit 5 for me? 11:13:28	10	the Use of Opioids for the Treatment of Pain" 11:15:44
11	If I could direct your 11:13:52	11	from the American Society of Addiction 11:15:46
12	attention to the guidelines pocket card, the 11:13:53	12	Medicine, published 1997. 11:15:49
13	attachment. 11:13:58	13	Q. And so is that the -- well, 11:15:52
14	A. Uh-huh. 11:13:59	14	strike that. 11:15:56
15	Q. And do you see Table 5? 11:13:59	15	Is that a -- that says it's a 11:15:56
16	It's going to be on page Bates 11:14:01	16	public policy statement, though. 11:16:01
17	number 2248920. 11:14:04	17	That's not a medical or 11:16:03
18	A. Okay. 11:14:09	18	scientific study, is it? 11:16:04
19	Q. Can you please read the very 11:14:09	19	A. Well, that would be -- 11:16:06
20	last bullet point in that table? 11:14:14	20	MR. O'CONNOR: Objection. 11:16:10
21	A. Let's see, under "patients"? 11:14:17	21	THE WITNESS: So I'm not 11:16:11
22	Q. I'm sorry, under Table 5, 11:14:21	22	familiar with that piece, but it's a 11:16:12
23	Principles of Pain Management with Opioids. 11:14:23	23	public policy statement put out by a 11:16:16
24	A. Yes. 11:14:26	24	health care professional association. 11:16:19
25	Oh, that first paragraph up -- 11:14:27	25	

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1 QUESTIONS BY MR. KAWAMOTO: 11:16:22	1 A. I do. 11:21:01
2 Q. Okay. Other than that public 11:16:24	2 Q. Could you please read those 11:21:02
3 policy statement, are you aware of any other 11:16:26	3 first two sentences into the record? 11:21:04
4 scientific or medical studies that support 11:16:27	4 A. "It is currently recommended 11:21:08
5 the statement that the risk of addiction is 11:16:30	5 that every chronic pain patient suffering 11:21:12
6 rare? 11:16:32	6 from moderate to severe pain be viewed as a 11:21:14
7 MR. O'CONNOR: Objection. 11:16:33	7 potential candidate for opioid therapy. The 11:21:19
8 THE WITNESS: As is presented 11:16:34	8 only issue concerns when the patient should 11:21:21
9 in this piece, I'm only aware of that 11:16:37	9 be prescribed an opioid." 11:21:25
10 one that's referenced as the footnote 11:16:40	10 Q. Okay. Does Mallinckrodt agree 11:21:28
11 as the reference source. 11:16:42	11 with that statement? 11:21:30
12 QUESTIONS BY MR. KAWAMOTO: 11:16:42	12 MR. O'CONNOR: Objection. 11:21:31
13 Q. Moving beyond this piece and 11:16:43	13 THE WITNESS: I would have no 11:21:32
14 taking that -- just taking the statement "the 11:16:45	14 reason to suspect why we would not. 11:21:34
15 risk of addiction is rare," are you aware of 11:16:47	15 QUESTIONS BY MR. KAWAMOTO: 11:21:35
16 any medical or scientific studies that 11:16:50	16 Q. Okay. And what are the medical 11:21:36
17 support that statement? 11:16:54	17 and/or scientific studies that support that 11:21:42
18 A. I have not -- I have not been 11:16:55	18 statement? 11:21:44
19 briefed on any additional documents that 11:17:02	19 A. I would have to defer to 11:21:46
20 would be supportive of that document. I'm 11:17:03	20 Dr. Argoff and Dr. Galer in their research 11:21:48
21 not aware of it, but I'm not saying that they 11:17:05	21 and -- though it's not available here in this 11:21:51
22 don't. I've not seen it. 11:17:07	22 excerpt, but there would be an index or a 11:21:57
23 Q. But in the course of preparing 11:17:08	23 listing of their references. 11:22:01
24 for this 30(b)(6) deposition and in the 11:17:09	24 Q. So Mallinckrodt didn't take any 11:22:02
25 course of preparing for these topics, you are 11:17:13	25 other independent review to ensure the 11:22:05
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1 not aware of any scientific or medical 11:17:15	1 accuracy of this statement other than 11:22:09
2 studies that support the -- that statement, 11:17:18	2 whatever basis Dr. Galer -- Dr. Galer and 11:22:12
3 "the risk of addiction is rare," other than 11:17:21	3 Dr. Argoff had? 11:22:20
4 what you've identified for me, which is the 11:17:24	4 MR. O'CONNOR: Yeah, objection 11:22:21
5 public policy statement; is that accurate? 11:17:27	5 to scope. Outside the scope. 11:22:22
6 MR. O'CONNOR: Objection. 11:17:28	6 Can you let us know which 11:22:24
7 THE WITNESS: Top of mind, no, 11:17:28	7 one -- which topic? 11:22:26
8 I'm not aware of any other documents. 11:17:34	8 MR. KAWAMOTO: Sure, this would 11:22:28
9 (Mallinckrodt-Webb Exhibit 16 11:18:37	9 be Topic 30, which I believe is -- 11:22:29
10 marked for identification.) 11:18:38	10 MR. O'CONNOR: No, I see it. 11:22:34
11 QUESTIONS BY MR. KAWAMOTO: 11:18:38	11 I think this question is 11:22:36
12 Q. Okay. So I've handed you 11:18:46	12 outside the scope. 11:22:37
13 Exhibit 16, which is an excerpt of the Defeat 11:18:49	13 MR. KAWAMOTO: Okay. 11:22:38
14 Chronic Pain Now book, which we've discussed 11:18:54	14 MR. O'CONNOR: But go ahead, 11:22:39
15 previously. 11:18:55	15 answer as best you can. 11:22:40
16 And because it's an excerpt, 11:18:57	16 THE WITNESS: This piece would 11:22:42
17 it's obviously not the full book, so please 11:19:07	17 have been reviewed by our medical 11:22:44
18 take the time you need to review the excerpt 11:19:13	18 team. 11:22:45
19 that I've provided you. 11:19:15	19 QUESTIONS BY MR. KAWAMOTO: 11:22:46
20 A. Okay. 11:20:36	20 Q. And what would that review have 11:22:48
21 Q. Okay. So directing your 11:20:37	21 entailed? 11:22:51
22 attention to page 174. 11:20:47	22 MR. O'CONNOR: Objection to 11:22:51
23 Do you see the very top of the 11:20:57	23 scope. 11:22:54
24 paragraph right underneath "who is 11:20:58	24 You can answer as best you can. 11:22:54
25 appropriate for opioid medication"? 11:21:00	25 THE WITNESS: We would have had 11:22:57

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1	a health care professional review this 11:22:58	1	A. Just that one sentence? 11:24:44
2	piece and, to the best of their 11:22:59	2	Q. Yes, please. 11:24:45
3	ability, agree with the clinical 11:23:02	3	A. "When chronic pain patients 11:24:46
4	content. 11:23:04	4	take opioids to treat their pain, they rarely 11:24:48
5	QUESTIONS BY MR. KAWAMOTO: 11:23:04	5	develop a true addiction and drug craving." 11:24:50
6	Q. Okay. But based on your 11:23:04	6	Q. Does Mallinckrodt agree with 11:24:53
7	review -- well, based on your preparation for 11:23:09	7	that statement? 11:24:55
8	this topic, Topic 30, and your personal 11:23:12	8	A. I have no reason to suspect 11:24:56
9	knowledge, you cannot identify any medical 11:23:16	9	that we would not agree with it. 11:24:57
10	studies or scientific studies that support 11:23:21	10	Q. And based on your preparation 11:25:00
11	the statement you just read into the record; 11:23:24	11	for Topic Number 30 and your personal 11:25:02
12	is that accurate? 11:23:26	12	knowledge, can you identify any scientific or 11:25:05
13	MR. O'CONNOR: Objection. 11:23:27	13	medical studies that support that statement? 11:25:09
14	THE WITNESS: I cannot name 11:23:27	14	Strike that. 11:25:12
15	them off the top of my head, but nor 11:23:30	15	Based on your preparation for 11:25:12
16	have I been able to see them as they 11:23:32	16	this topic and your personal knowledge, can 11:25:14
17	would be as a reference for Dr. Galer 11:23:34	17	Mallinckrodt identify any scientific or 11:25:16
18	or Dr. Argoff. 11:23:36	18	medical studies that support that statement? 11:25:19
19	QUESTIONS BY MR. KAWAMOTO: 11:23:37	19	MR. O'CONNOR: Objection. 11:25:20
20	Q. Okay. Well -- and this 11:23:38	20	THE WITNESS: For that point, I 11:25:21
21	statement doesn't appear to have any 11:23:42	21	would have to -- I'm not aware. I 11:25:25
22	reference or footnote attributed to it, does 11:23:44	22	would have to defer to our medical 11:25:27
23	it, sir? 11:23:46	23	affairs or clinical team. 11:25:28
24	A. I do not see one. 11:23:47	24	QUESTIONS BY MR. KAWAMOTO: 11:25:33
25	MR. O'CONNOR: Objection. 11:23:49	25	Q. Okay. Can you turn to 11:25:36
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1	Objection. 11:23:51	1	page 177? 11:25:37
2	That's all right. 11:23:51	2	Do you see the paragraph that 11:25:46
3	QUESTIONS BY MR. KAWAMOTO: 11:23:52	3	begins with "the bottom line"? 11:25:48
4	Q. I'm sorry, what -- 11:23:53	4	A. Uh-huh. 11:25:50
5	A. No, I don't see a reference for 11:23:53	5	Q. Can you please read that into 11:25:51
6	that particular statement. 11:23:56	6	the record? 11:25:53
7	Q. Thank you. 11:23:57	7	A. "The bottom line: Only rarely 11:25:53
8	So directing your attention to 11:24:08	8	does opioid medication cause a true addiction 11:25:58
9	page 176. 11:24:11	9	when prescribed appropriately to a chronic 11:26:01
10	A. Okay. 11:24:17	10	pain patient who does not have a prior 11:26:05
11	Q. Do you see the sentence in the 11:24:18	11	history of addiction." 11:26:07
12	middle of the second paragraph that states -- 11:24:21	12	Q. Does Mallinckrodt agree with 11:26:09
13	that starts with, "When chronic pain"? 11:24:25	13	that statement? 11:26:10
14	MR. O'CONNOR: Which side of 11:24:31	14	A. I would have no reason to 11:26:12
15	the page are you on? 11:24:33	15	suspect we would -- we would not disagree -- 11:26:14
16	MR. KAWAMOTO: Page 176, the 11:24:33	16	or we would not agree. 11:26:17
17	text. 11:24:35	17	Q. And can you identify any 11:26:18
18	MR. O'CONNOR: On the right 11:24:35	18	scientific or medical studies that support 11:26:20
19	side? 11:24:39	19	that statement? 11:26:22
20	MR. KAWAMOTO: The right side. 11:24:39	20	A. I am not aware of any, but I 11:26:23
21	THE WITNESS: Yes, I do, "when 11:24:39	21	would have to refer to our -- defer to our 11:26:25
22	chronic pain." 11:24:42	22	clinical team. 11:26:28
23	QUESTIONS BY MR. KAWAMOTO: 11:24:42	23	Q. On the next -- on the last page 11:26:29
24	Q. Can you please read that 11:24:43	24	of this excerpt, there is a Q&A with 11:26:32
25	statement into the record? 11:24:44	25	Dr. Argoff and Dr. Galer. 11:26:34

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1	Do you see that?	11:26:38	1	THE WITNESS: Answer?	11:28:26
2	A. I do.	11:26:38	2	MR. O'CONNOR: You can go ahead	11:28:29
3	Q. And do you see the very last	11:26:39	3	based on what you know.	11:28:30
4	paragraph that starts with "here are the	11:26:40	4	THE WITNESS: We made it	11:28:31
5	facts"?	11:26:41	5	available for distribution.	11:28:33
6	A. I do.	11:26:42	6	QUESTIONS BY MR. KAWAMOTO:	11:28:34
7	Q. Can you please read that into	11:26:42	7	Q. And are you aware of any	11:28:35
8	the record?	11:26:43	8	medical or scientific studies that support	11:28:36
9	A. The entire paragraph?	11:26:44	9	that statement, that paragraph?	11:28:38
10	Q. Yes, please.	11:26:45	10	MR. O'CONNOR: Objection. It's	11:28:40
11	A. "Here are the facts: It is	11:26:46	11	outside the scope.	11:28:43
12	very uncommon for a person with chronic pain	11:26:49	12	THE WITNESS: I personally am	11:28:43
13	to become addicted to narcotics if,	11:26:51	13	not aware.	11:28:46
14	parentheses, 1, he doesn't have prior history	11:26:55	14	QUESTIONS BY MR. KAWAMOTO:	11:28:47
15	of any addiction, and in parentheses, 2,	11:26:59	15	Q. Now, if I could direct your	11:28:49
16	number 2, he only takes the medication to	11:27:03	16	attention to Exhibit 12 again.	11:29:12
17	treat pain. Studies have shown that chronic	11:27:06	17	A. Okay.	11:29:24
18	pain patients can experience significant pain	11:27:09	18	Q. And this is the slide -- and I	11:29:25
19	relief with tolerable side effects from	11:27:12	19	would like to direct your attention to page 3	11:29:28
20	opioid narcotic medication when taken daily	11:27:17	20	of this PowerPoint and the slide that says	11:29:29
21	and no addiction. We definitely would try	11:27:20	21	"Positioning Statement."	11:29:34
22	this type of treatment for our patients in	11:27:23	22	Do you see that?	11:29:36
23	your situation."	11:27:25	23	A. I do.	11:29:36
24	Q. Does Mallinckrodt agree with	11:27:27	24	Q. In particular, do you see the	11:29:36
25	that statement?	11:27:28	25	bullet point that begins with "that"?	11:29:38
		Page 107			Page 109
1	A. I would have no reason to	11:27:30	1	A. I do.	11:29:40
2	suspect we would not, but I would add that,	11:27:35	2	Q. Can you please read that into	11:29:40
3	you know, this is a physician giving advice	11:27:38	3	the record?	11:29:41
4	to a patient, so I -- I think this situation	11:27:40	4	A. It reads, "That provides	11:29:43
5	might be a little bit unique.	11:27:43	5	fast-acting and long-lasting pain relief	11:29:46
6	Q. Well, unique in what way, sir?	11:27:45	6	without concerns about abuse."	11:29:48
7	A. Well, I mean, it's a Q&A advice	11:27:48	7	Q. Okay. I assume that is a	11:29:51
8	provided by two physicians to a hypothetical	11:27:50	8	statement that Mallinckrodt would agree with	11:29:53
9	patient.	11:27:53	9	as that is its positioning statement for -- I	11:29:56
10	But I would -- again, I would	11:27:58	10	believe it's Xartemis, correct?	11:30:00
11	defer to our clinical team whether they would	11:27:59	11	MR. O'CONNOR: Objection.	11:30:03
12	agree with that statement or not.	11:28:03	12	THE WITNESS: I would not	11:30:04
13	Q. Okay. But to be clear for the	11:28:04	13	suspect a reason why we would not	11:30:04
14	record, this is -- this is included in the	11:28:06	14	disagree -- or we would not agree with	11:30:06
15	Defeat Chronic Pain Now publication, correct?	11:28:09	15	that.	11:30:07
16	A. Correct.	11:28:11	16	QUESTIONS BY MR. KAWAMOTO:	11:30:07
17	Q. And that was a publication that	11:28:11	17	Q. What are the scientific or	11:30:08
18	Mallinckrodt reviewed, correct?	11:28:12	18	medical studies that support that statement?	11:30:10
19	A. Correct.	11:28:14	19	MR. O'CONNOR: Objection to	11:30:13
20	Q. And that's a publication that	11:28:14	20	scope and form.	11:30:17
21	Mallinckrodt recommended be distributed by	11:28:16	21	THE WITNESS: I would have to	11:30:18
22	health care providers to their patients; is	11:28:19	22	defer to the author that put this	11:30:19
23	that correct?	11:28:22	23	slide deck together. I don't know	11:30:21
24	MR. O'CONNOR: Objection. It's	11:28:22	24	where that information would have been	11:30:23
25	outside the scope and to form.	11:28:25	25	taken from, but without having the	11:30:26

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1 context of how it was derived. 11:30:27	1 MR. O'CONNOR: Objection. 11:33:34
2 QUESTIONS BY MR. KAWAMOTO: 11:30:29	2 THE WITNESS: I'm trying to 11:33:34
3 Q. Well, are you aware of any 11:30:30	3 read, let's see, the article itself, 11:33:37
4 scientific or medical studies that support 11:30:32	4 as far as the JAMA of Psychiatry. 11:33:39
5 the statement that Xartemis provides 11:30:34	5 Uh-huh. 11:34:02
6 fast-acting and long-lasting pain relief 11:30:37	6 QUESTIONS BY MR. KAWAMOTO: 11:34:03
7 without concerns about abuse? 11:30:39	7 Q. Okay. And to sort of try to 11:34:03
8 MR. O'CONNOR: Objection. 11:30:41	8 trace this -- the e-mail chain, the bottom 11:34:04
9 THE WITNESS: Off the top of my 11:30:42	9 e-mail is an e-mail from you where you say, 11:34:09
10 head, no, I'm not. 11:30:42	10 "Gents, in follow-up to our discussion last 11:34:12
11 QUESTIONS BY MR. KAWAMOTO: 11:30:44	11 night, new article published in JAMA of 11:34:15
12 Q. So I would like to move now to 11:31:07	12 Psychiatry shows jump in heroin use with 11:34:17
13 Topic 25, and please feel free to consult the 11:31:10	13 white suburbanites. Speaks as to why the 11:34:18
14 deposition notice if you want to see what 11:31:14	14 state legislators are now clamoring for a 11:34:21
15 that topic is. 11:31:16	15 solution. Interesting that New York unveiled 11:34:24
16 A. Okay. 11:31:22	16 25 bills to manage heroin increase." 11:34:26
17 (Mallinckrodt-Webb Exhibit 17 11:31:37	17 Do you see that? 11:34:28
18 marked for identification.) 11:31:38	18 A. I do. 11:34:28
19 QUESTIONS BY MR. KAWAMOTO: 11:31:38	19 Q. Okay. The next sentence says, 11:34:29
20 Q. I would like to mark this as 11:31:39	20 "While last evening during dinner we were 11:34:32
21 Exhibit 17. 11:31:40	21 discussing the importance of increasing 11:34:35
22 So this is an e-mail chain 11:31:41	22 access, may be a win is just keeping the 11:34:38
23 Bates numbered MNK-T1_4204631. 11:32:14	23 riders off that limit a physician to how many 11:34:40
24 A. Uh-huh, yes. 11:32:27	24 days they can prescribe for." 11:34:42
25 Q. Okay. And do you see the top 11:32:28	25 So that indicates that 11:34:43
Page 111	Page 113
1 that says, "We'll need to be creative. 11:32:30	1 Mallinckrodt is opposed to riders that would 11:34:44
2 Stopping prescription limits will be a long 11:32:34	2 limit a physician with respect to how many 11:34:48
3 shot." 11:32:35	3 days they can prescribe for; is that 11:34:50
4 That's an e-mail from Derek 11:32:36	4 accurate? 11:34:52
5 Naten to yourself? 11:32:37	5 MR. O'CONNOR: Objection. 11:34:52
6 A. Correct. 11:32:39	6 THE WITNESS: I would -- the 11:34:53
7 Q. Who is Derek Naten? 11:32:39	7 statement is more of an internal 11:34:57
8 A. Derek at the time was -- let's 11:32:42	8 discussion of -- for discussion point. 11:34:58
9 see, when was this written, the date? 2014, 11:32:45	9 We never acted on anything at a 11:35:02
10 he was my boss. 11:32:48	10 lobbying level to suggest that we were 11:35:05
11 Q. Okay. And so Mallinckrodt was 11:32:49	11 trying to prevent physicians from 11:35:06
12 opposed to prescription limits; is that 11:32:52	12 prescribing. 11:35:08
13 correct? 11:32:56	13 QUESTIONS BY MR. KAWAMOTO: 11:35:08
14 MR. O'CONNOR: Objection. 11:32:56	14 Q. But your internal view is that 11:35:09
15 THE WITNESS: We've never, to 11:32:57	15 Mallinckrodt was opposed to prescription 11:35:11
16 my knowledge, acted or engaged to 11:33:05	16 limits? 11:35:15
17 anything to suggest that we would try 11:33:09	17 MR. O'CONNOR: Objection. 11:35:15
18 to limit prescribing behavior of 11:33:10	18 THE WITNESS: I would have to 11:35:16
19 physicians. 11:33:13	19 look at this in the context, though, 11:35:17
20 QUESTIONS BY MR. KAWAMOTO: 11:33:23	20 of the articles. 11:35:19
21 Q. I'm sorry, I'm a little unclear 11:33:23	21 We never acted on any of that. 11:35:21
22 with your testimony because the -- the 11:33:25	22 QUESTIONS BY MR. KAWAMOTO: 11:35:23
23 prescription limits would be legislation that 11:33:27	23 Q. Well, regardless of whether 11:35:25
24 would place limitations on prescribing 11:33:31	24 Mallinckrodt acted on it -- well, strike 11:35:28
25 behavior, correct? 11:33:33	25 that. 11:35:32

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1	So when Derek Naten says, 11:35:32	1 (Mallinckrodt-Webb Exhibit 18 11:37:40
2	"We'll need to be creative. Stopping 11:35:34	2 marked for identification.) 11:37:41
3	prescription limits will be a long shot," 11:35:36	3 QUESTIONS BY MR. KAWAMOTO: 11:37:41
4	what did he mean by "we'll need to be 11:35:38	4 Q. Okay. So this is an e-mail 11:37:41
5	creative"? 11:35:42	5 chain Bates numbered MNK-T1_867636. 11:38:04
6	MR. O'CONNOR: Objection. 11:35:42	6 A. Okay. 11:39:13
7	THE WITNESS: I don't know. 11:35:43	7 Q. So this is an e-mail chain 11:39:13
8	QUESTIONS BY MR. KAWAMOTO: 11:35:44	8 between you and Mike Ybarra. 11:39:14
9	Q. Well, what did you understand 11:35:44	9 Who is Mr. Ybarra? 11:39:17
10	him to mean? 11:35:45	10 A. Dr. Ybarra is at the -- head of 11:39:18
11	A. Well, I would have to -- I 11:35:46	11 the medical affairs team at PhRMA, the trade 11:39:24
12	don't know. I don't know if we've ever 11:35:53	12 group. 11:39:29
13	responded to this e-mail. 11:35:55	13 Q. And what is PhRMA? 11:39:29
14	Q. Okay. Internally why was 11:35:57	14 A. The Pharmaceutical Research 11:39:31
15	Mallinckrodt opposed to prescription limits? 11:36:06	15 Manufacturers Association. 11:39:34
16	Regardless of whether they acted on it, as 11:36:09	16 Q. Would you consider them to be 11:39:34
17	you said, why were they opposed to it? 11:36:12	17 one of the more important trade groups with 11:39:42
18	MR. O'CONNOR: Objection to 11:36:14	18 respect to pharmaceuticals? 11:39:44
19	scope and to form. 11:36:15	19 A. Well, they are the trade 11:39:45
20	THE WITNESS: We were -- we 11:36:17	20 organization for the pharmaceutical industry. 11:39:48
21	were -- we were looking for ways to 11:36:22	21 I would not speculate as to the level of 11:39:51
22	increase access to addiction treatment 11:36:24	22 their importance, though. 11:39:53
23	for those who had a heroin or a 11:36:29	23 Q. And this concerns AMA 11:39:54
24	substance abuse disorder. 11:36:31	24 Resolution 707, does it not? 11:40:01
25	I'm not -- I don't recall any 11:36:34	25 A. This was a cut and paste from 11:40:03
	Page 115	Page 117
1	discussions beyond what you're showing 11:36:36	1 Mike to me regarding Resolution 707. 11:40:08
2	me of what we would have done 11:36:38	2 Q. Okay. And PhRMA and 11:40:11
3	otherwise to prevent prescribing 11:36:39	3 Mallinckrodt opposed AMA Resolution 707, did 11:40:15
4	limits on physicians. 11:36:44	4 they not? 11:40:19
5	QUESTIONS BY MR. KAWAMOTO: 11:36:45	5 MR. O'CONNOR: Objection. 11:40:19
6	Q. Now, when you say "increase 11:36:45	6 Form. 11:40:21
7	access to" -- I'm sorry, when you say 11:36:47	7 THE WITNESS: I don't recall to 11:40:21
8	"increase access to addiction treatment," 11:36:50	8 the extent of Mallinckrodt never 11:40:23
9	would that have including increasing access 11:36:52	9 engaged in this particular issue. 11:40:26
10	to methadone or Methadose? 11:36:54	10 This was -- PhRMA was sending to us, 11:40:29
11	MR. O'CONNOR: Objection. 11:36:56	11 but Mallinckrodt never took a position 11:40:33
12	THE WITNESS: Methadose, to the 11:36:58	12 on this. 11:40:34
13	extent it's being dispensed in an 11:37:00	13 QUESTIONS BY MR. KAWAMOTO: 11:40:35
14	opioid treatment program. 11:37:02	14 Q. So the statement -- well, 11:40:49
15	QUESTIONS BY MR. KAWAMOTO: 11:37:03	15 strike that. 11:40:51
16	Q. Okay. And Mallinckrodt was a 11:37:04	16 So with respect to AMA 11:40:51
17	leading manufacturer of Methadose, was it 11:37:09	17 medical -- I'm sorry, with respect to AMA 11:40:55
18	not? 11:37:11	18 Resolution 707, did Mallinckrodt agree with 11:40:57
19	A. It's a generic product. 11:37:11	19 the resolution? 11:41:00
20	Q. Mallinckrodt -- well, I 11:37:13	20 MR. O'CONNOR: Objection. 11:41:02
21	understand that it's a generic product, but 11:37:17	21 THE WITNESS: I'm not aware if 11:41:03
22	Mallinckrodt was a leading manufacturer of 11:37:19	22 Mallinckrodt ever agreed with it. 11:41:07
23	that generic product, correct? 11:37:21	23 QUESTIONS BY MR. KAWAMOTO: 11:41:08
24	A. We are a manufacturer of that 11:37:23	24 Q. What was the basis for 11:41:09
25	product, yes. 11:37:25	25 Mallinckrodt's disagreement with the 11:41:10

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1 resolution? 11:41:11	1 71 percent were due to opioid pain 11:43:40
2 MR. O'CONNOR: Objection. 11:41:12	2 relieves." 11:43:43
3 THE WITNESS: I'm not -- I 11:41:14	3 Do you disagreement with that 11:43:44
4 don't have reason to suspect we agreed 11:41:17	4 statement, sir? 11:43:46
5 or disagreed. We never acted on it. 11:41:18	5 MR. O'CONNOR: Objection. 11:43:47
6 QUESTIONS BY MR. KAWAMOTO: 11:41:21	6 QUESTIONS BY MR. KAWAMOTO: 11:43:48
7 Q. So do you see the part of the 11:41:42	7 Q. I'm sorry, strike that. 11:43:48
8 e-mail where Mike Ybarra says, "Cut and paste 11:41:45	8 Does Mallinckrodt disagree with 11:43:49
9 below are PhRMA activities around drug abuse 11:41:48	9 that statement? 11:43:50
10 and Resolution 707, which we are opposing. 11:41:51	10 MR. O'CONNOR: Objection to 11:43:50
11 Any help reaching out to groups on 707 would 11:41:52	11 form and scope. 11:43:51
12 be much appreciated." 11:41:55	12 THE WITNESS: The source of 11:43:52
13 And in your response to him on 11:41:56	13 that statement is the CDC. I have no 11:43:55
14 that point is, "We'll be reaching out to 11:41:58	14 reason to suspect that we would 11:43:56
15 groups regarding 707. Are you okay if we put 11:42:00	15 disagree with it. 11:43:58
16 your name as contact in the event that they 11:42:03	16 QUESTIONS BY MR. KAWAMOTO: 11:43:59
17 have any questions or want to coordinate with 11:42:06	17 Q. Okay. Well, what about the 11:43:59
18 you if they're attending the AMA conference 11:42:07	18 statement above that, "Whereas there has been 11:44:01
19 next week?" 11:42:09	19 an explosion of opioid use and abuse in the 11:44:03
20 Did I read that accurately? 11:42:10	20 United States, and this increase in the this 11:44:06
21 A. You did. 11:42:12	21 use and abuse of the pain medications closely 11:44:07
22 Q. So why are you reaching out to 11:42:13	22 mirrors the broad and diffuse promulgation of 11:44:09
23 groups regarding 707 if you don't agree with 11:42:15	23 pain as the fifth vital sign, which became a 11:44:12
24 PhRMA's position on the resolution? 11:42:18	24 Joint Commission standard in 2001." 11:44:14
25 Strike that. 11:42:20	25 Does Mallinckrodt disagree with 11:44:16
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1 Why are you reaching out to 11:42:20	1 that statement? 11:44:17
2 groups regarding 707 if you don't agree with 11:42:21	2 MR. O'CONNOR: Objection. 11:44:18
3 PhRMA's opposition to Resolution 707? 11:42:25	3 Scope and form. 11:44:19
4 MR. O'CONNOR: Objection. 11:42:28	4 THE WITNESS: I would have no 11:44:20
5 Form. 11:42:29	5 reason to suspect that Mallinckrodt 11:44:23
6 THE WITNESS: Well, the 11:42:29	6 would disagree with that. 11:44:25
7 statement above also reads, "We're 11:42:30	7 QUESTIONS BY MR. KAWAMOTO: 11:44:26
8 vetting internally." 11:42:33	8 Q. Okay. Now, the statement below 11:44:27
9 So I do not recall if we ever 11:42:36	9 it, "Whereas in the majority of cases, pain 11:44:29
10 reached out to any of these other 11:42:38	10 is a symptom of underlying pathology and not 11:44:32
11 groups as well. 11:42:39	11 a disease itself, further identification and 11:44:34
12 QUESTIONS BY MR. KAWAMOTO: 11:42:40	12 treatment of the underlying cause should be 11:44:36
13 Q. So one of the statements in the 11:43:02	13 the focus of care rather than pursuing the 11:44:38
14 resolution is "Whereas in 2010, 11:43:03	14 treatment of pain without primary regard to 11:44:41
15 16,660 people -- 65 people died from 11:43:08	15 source." 11:44:42
16 opioid-related overdoses, a fourfold increase 11:43:11	16 Do you have any reason to 11:44:43
17 from 1999, when only 4,030 such deaths 11:43:15	17 believe that Mallinckrodt disagrees with that 11:44:44
18 occurred. And further, the number of opioid 11:43:17	18 statement? 11:44:47
19 prescriptions written has doubled from 11:43:19	19 MR. O'CONNOR: Objection. Form 11:44:47
20 109 million in 1998 to 259 million in 2012. 11:43:22	20 and scope. 11:44:49
21 And some authors estimate that there are 12 11:43:25	21 THE WITNESS: I would have to 11:45:00
22 deaths annually in the US per a hundred 11:43:28	22 defer to our medical professionals, 11:45:01
23 thousand patients on opioid medications. And 11:43:31	23 but I would have no reason to suspect 11:45:03
24 further, of the 22,767 deaths in the US 11:43:34	24 or think why we would disagree with 11:45:05
25 related to pharmaceutical overdose, more than 11:43:38	25 it. 11:45:06

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1 QUESTIONS BY MR. KAWAMOTO: 11:45:07	1 A. Yes. 11:48:55
2 Q. Okay. The next statement is 11:45:07	2 Q. And do you see the part where 11:48:55
3 "Whereas the push to the public that all pain 11:45:08	3 it says, "Attached is a sign-on letter from 11:48:57
4 is bad and should be managed to the point of 11:45:08	4 the US Pain Foundation expressing support for 11:48:59
5 eradication or total resolution has led to 11:45:16	5 efforts to improve the quality of VA pain 11:49:01
6 inappropriate pain management practices by 11:45:17	6 care and the need for patient-centered, 11:49:04
7 clinicians and demand by patients, and 11:45:19	7 individualized interdisciplinary, balanced 11:49:06
8 whereas by pushing pain as a fifth vital 11:45:22	8 treatment options, as well as concerns about 11:49:09
9 sign, the medical culture has been changed by 11:45:24	9 the need for updating the current VA 11:49:11
10 altering physician, but more importantly, 11:45:28	10 standards and the required adoption of the 11:49:13
11 patient behavior, and this increased focus on 11:45:30	11 draft CDC opioid prescribing guidelines." 11:49:14
12 pain and its eradication has led to the 11:45:32	12 With respect to concerns about 11:49:19
13 diffuse overuse of opioids." 11:45:35	13 the draft CDC -- well, taking a step back. 11:49:20
14 Does Mallinckrodt agree with 11:45:38	14 Do you know if Mallinckrodt 11:49:25
15 that statement? 11:45:40	15 signed this letter? 11:49:26
16 MR. O'CONNOR: Objection to 11:45:40	16 A. I'm not aware. 11:49:26
17 scope and form. 11:45:42	17 Q. Did Mallinckrodt have concerns 11:49:28
18 THE WITNESS: I would not know. 11:45:43	18 about the draft CDC opioid prescribing 11:49:31
19 I would not know if we would -- I do 11:45:44	19 guidelines? 11:49:34
20 not have a reason to suspect, but I 11:45:46	20 MR. O'CONNOR: Objection. 11:49:34
21 would have to defer and research that 11:45:48	21 Scope and form. 11:49:35
22 more. 11:45:50	22 THE WITNESS: We did not have 11:49:36
23 QUESTIONS BY MR. KAWAMOTO: 11:45:50	23 concerns regarding the prescribing 11:49:40
24 Q. Okay. But based on your 11:45:51	24 guidelines. 11:49:42
25 preparation for Topic Number 25 and your 11:45:59	25
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1 personal knowledge based on your professional 11:46:02	1 QUESTIONS BY MR. KAWAMOTO: 11:49:42
2 responsibilities, you don't have any reason 11:46:05	2 Q. Okay. So you didn't take -- 11:49:42
3 to believe that Mallinckrodt disagrees with 11:46:06	3 Mallinckrodt did not take any lobbying or 11:49:44
4 those statements that we just reviewed? 11:46:08	4 legislative action to try to modify or change 11:49:50
5 MR. O'CONNOR: Objection. Form 11:46:10	5 the draft prescribing guidelines? 11:49:53
6 and scope. 11:46:11	6 MR. O'CONNOR: Objection. 11:49:55
7 THE WITNESS: I would not have 11:46:11	7 THE WITNESS: We did not. 11:49:56
8 a reason to suspect we would disagree 11:46:15	8 QUESTIONS BY MR. KAWAMOTO: 11:49:57
9 with it. 11:46:16	9 Q. Okay. The very top e-mail is 11:49:58
10 (Mallinckrodt-Webb Exhibit 19 11:46:49	10 from Mark to you, and it says, "We should 11:50:02
11 marked for identification.) 11:46:50	11 look at whether the legislation provides us a 11:50:06
12 QUESTIONS BY MR. KAWAMOTO: 11:46:50	12 vehicle for pushing MMA." 11:50:08
13 Q. Okay. 11:46:50	13 What is "MMA"? 11:50:11
14 A. Okay. 11:48:14	14 A. MMA stands for multimodal 11:50:12
15 Q. So this is an e-mail chain 11:48:15	15 analgesia. It is a acronym -- or the science 11:50:15
16 Bates numbered MNK-T1_866405. 11:48:18	16 behind that is to use pain relievers other 11:50:20
17 And I would like to direct your 11:48:25	17 than opioids. 11:50:23
18 attention to the VA task force. It's an 11:48:27	18 Q. Okay. And when he says, "Ray 11:50:25
19 e-mail from Steven LaPierre dated Tuesday, 11:48:32	19 may have some thoughts," who is Ray? 11:50:29
20 November 24th, and it's in the middle of 11:48:38	20 A. Ray would be our federal 11:50:31
21 page 866406. 11:48:42	21 lobbyist in Washington, DC, Ray Downs. 11:50:32
22 Do you see that? 11:48:42	22 Q. Thank you. 11:50:36
23 A. I do. 11:48:43	23 (Mallinckrodt-Webb Exhibit 20 11:50:52
24 Q. And do you see the first 11:48:45	24 marked for identification.) 11:50:52
25 paragraph, sir? 11:48:52	25

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1 QUESTIONS BY MR. KAWAMOTO: 11:50:52	1 "Before starting and periodically during 11:53:07
2 Q. I would like to mark this as 11:51:32	2 opioid therapy, providers should discuss with 11:53:09
3 Exhibit 20. 11:51:34	3 patients risks and realistic benefits of 11:53:12
4 Okay. So this is an e-mail 11:51:39	4 opioid therapy and patient and provider 11:53:15
5 chain between you and Mark and Derek, and 11:51:41	5 responsibilities for managing therapy." 11:53:16
6 it's Bates numbered MNK-T1_864164. 11:51:44	6 Mallinckrodt agrees with that 11:53:19
7 A. Correct. 11:51:52	7 statement? 11:53:24
8 Q. At the bottom of this e-mail 11:51:52	8 MR. O'CONNOR: Objection. 11:53:24
9 chain there are the CDC draft guidelines for 11:51:54	9 THE WITNESS: Yes. 11:53:24
10 opioid prescribing. 11:51:57	10 QUESTIONS BY MR. KAWAMOTO: 11:53:26
11 Do you see that? 11:51:57	11 Q. Underneath that it says, "When 11:53:26
12 A. I do. 11:51:57	12 starting opioid therapy, providers should 11:53:26
13 Q. Okay. And just to be clear, 11:51:58	13 prescribe short-acting opioids instead of 11:53:28
14 you agree with -- Mallinckrodt agreed with 11:52:00	14 extended release, long-acting opioids." 11:53:29
15 these draft guidelines? 11:52:03	15 That's a statement Mallinckrodt 11:53:32
16 MR. O'CONNOR: Objection. 11:52:05	16 agrees with? 11:53:33
17 THE WITNESS: We -- we had no 11:52:06	17 MR. O'CONNOR: Objection. 11:53:34
18 issues with the draft guidelines. We 11:52:09	18 Scope of this whole line and objection 11:53:35
19 saw an opportunity to include more -- 11:52:14	19 to form. 11:53:37
20 an opportunity to include more 11:52:18	20 THE WITNESS: Yes, I would -- 11:53:38
21 regarding MMA, multi-modal approach. 11:52:19	21 yes, I would agree with that. 11:53:40
22 QUESTIONS BY MR. KAWAMOTO: 11:52:24	22 QUESTIONS BY MR. KAWAMOTO: 11:53:42
23 Q. Okay. But for example, the 11:52:26	23 Q. Okay. Underneath that it says, 11:53:42
24 first paragraph for the draft guidelines is, 11:52:26	24 "When opioids are started, providers should 11:53:48
25 "Nonpharmacological therapy and non opiod 11:52:27	25 prescribe the lowest possible effective 11:53:50
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1 pharmacological therapy are preferred for 11:52:30	1 dosage. Providers should implement 11:53:52
2 chronic pain. Providers should only consider 11:52:32	2 additional precautions when increasing dosage 11:53:54
3 aiding opioid therapy if expected benefits 11:52:34	3 to 50 or greater milligrams per day in 11:53:56
4 for both pain and function are anticipated to 11:52:36	4 morphine equivalence and should avoid 11:53:58
5 outweigh risks." 11:52:38	5 increasing dosages to 90 or greater 11:54:00
6 Mallinckrodt agrees with that 11:52:40	6 milligrams per day in morphine equivalence." 11:54:03
7 statement? 11:52:42	7 That's a statement that 11:54:06
8 A. Yes. 11:52:42	8 Mallinckrodt agrees with? 11:54:07
9 MR. O'CONNOR: Objection. 11:52:43	9 MR. O'CONNOR: Objection to 11:54:08
10 QUESTIONS BY MR. KAWAMOTO: 11:52:43	10 scope. 11:54:09
11 Q. Okay. And then underneath that 11:52:44	11 THE WITNESS: I would have no 11:54:10
12 it says, "Before starting long-term opioid 11:52:45	12 reason to suspect we would not. 11:54:11
13 therapy, providers should establish treatment 11:52:47	13 QUESTIONS BY MR. KAWAMOTO: 11:54:12
14 goals with all patients, including realistic 11:52:50	14 Q. Okay. Now, the statement 11:54:12
15 goals for pain and function. Providers 11:52:53	15 that's paragraph number 6, "Long-term opioid 11:54:26
16 should continue opioid therapy only if 11:52:55	16 use often begins with treatment of acute 11:54:29
17 there's clinically meaningful improvement in 11:52:57	17 pain. When opioids are used for acute pain, 11:54:31
18 pain and function that outweighs risk to 11:52:59	18 providers should prescribe the lowest 11:54:33
19 patient safety." 11:53:02	19 effective dose of short-acting opioids and 11:54:35
20 Mallinckrodt agrees with that 11:53:03	20 should prescribe no greater quantity than 11:54:37
21 statement? 11:53:05	21 needed for the expected duration of pain 11:54:39
22 MR. O'CONNOR: Objection. 11:53:06	22 severe enough to require opioids. Three or 11:54:42
23 THE WITNESS: Correct. 11:53:06	23 four -- three or fewer days will usually be 11:54:44
24 QUESTIONS BY MR. KAWAMOTO: 11:53:06	24 sufficient for nontraumatic pain not related 11:54:46
25 Q. Underneath that it says, 11:53:07	25 to major surgery." 11:54:49

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1	That's a statement that 11:54:50	1 A. Well, I -- in the course of 12:14:36
2	Mallinckrodt agrees with? 11:54:51	2 meeting with counsel, we reviewed certain 12:14:39
3	MR. O'CONNOR: Objection. 11:54:52	3 documents, but I do not recall which 12:14:40
4	Scope and form. 11:54:53	4 documents they were specifically. 12:14:42
5	THE WITNESS: I have no reason 11:54:54	5 Q. Okay. And you don't recall 12:14:45
6	to suspect we would not. 11:54:55	6 reviewing any documents relating to this 12:14:46
7	MR. KAWAMOTO: Could we quickly 11:54:59	7 topic? 12:14:49
8	go off the record? 11:55:09	8 A. Nothing comes to mind. 12:14:50
9	VIDEOGRAPHER: We're going off 11:55:10	9 Q. So you didn't recall reviewing 12:14:52
10	the record at 11:55 a.m. 11:55:11	10 any documents that were either studies or 12:14:53
11	(Off the record at 11:55 a.m.) 11:55:12	11 that made reference to studies relating to 12:14:56
12	VIDEOGRAPHER: We're back on 12:13:09	12 these statements identified in 12:14:59
13	the record at 12:13 p.m. 12:13:12	13 Topic Number 30, do you? 12:15:01
14	QUESTIONS BY MR. KAWAMOTO: 12:13:13	14 A. I'm not aware. 12:15:03
15	Q. So, Mr. Webb, we had spoke 12:13:15	15 Q. Okay. 12:15:04
16	earlier about various medical and scientific 12:13:18	16 A. Or recall. 12:15:04
17	studies, and so I just want to make sure that 12:13:20	17 Q. Now, you didn't independently 12:15:05
18	the record is clear. 12:13:23	18 undertake to -- sorry, strike that. 12:15:07
19	Topic 30 states, "whether from 12:13:26	19 You didn't independently 12:15:10
20	2007 onward, you or anyone on your behalf or 12:13:29	20 attempt to locate documents relating to these 12:15:13
21	any trade organization, group or professional 12:13:32	21 topics, including Topic 30, did you? 12:15:15
22	association of which you were a member or 12:13:33	22 A. You mean did I act on my own to 12:15:18
23	sponsor made any of the following 12:13:35	23 do that? 12:15:20
24	representations or similar statements through 12:13:38	24 Q. Yes, you didn't undertake any 12:15:21
25	either branded or unbranded marketing. And 12:13:40	25 independent efforts to identify documents to 12:15:23
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1	if the answer is yes, the specific basis for 12:13:42	1 review? 12:15:24
2	each such representation or statement. And 12:13:44	2 A. No. 12:15:24
3	these include, A, the risk of addiction from 12:13:47	3 Q. So you relied on your counsel 12:15:25
4	chronic opioid therapy is low; to the extent 12:13:49	4 to provide you with the relevant documents? 12:15:26
5	there is a risk of addiction, it can be 12:13:52	5 MR. O'CONNOR: Objection. 12:15:29
6	easily identified and managed; signs of 12:13:54	6 But go ahead. 12:15:31
7	addictive behavior or pseudoaddiction 12:13:56	7 THE WITNESS: Yes, the relevant 12:15:33
8	requiring more opioids; opioid withdrawal can 12:13:59	8 context. 12:15:34
9	be avoided by tapering; opioid doses can be 12:14:02	9 QUESTIONS BY MR. KAWAMOTO: 12:15:34
10	increased without limit of greater risk; 12:14:03	10 Q. And so if there were documents 12:15:34
11	long-term opioid use includes functioning; 12:14:06	11 that related to Topic 30, for example, 12:15:36
12	alternative forms of pain relief pose greater 12:14:10	12 documents that would provide the specific 12:15:38
13	risk than opioids; and new formulations of 12:14:11	13 basis for the various representations or 12:15:40
14	certain opioids successfully deter abuse." 12:14:13	14 statements below, you would expect counsel to 12:15:42
15	And you've been designated by 12:14:16	15 have provided those to you; is that correct? 12:15:44
16	Mallinckrodt to provide testimony on 12:14:18	16 MR. O'CONNOR: Objection. 12:15:46
17	Topic Number 30, which means that you 12:14:20	17 THE WITNESS: Yes, if they're 12:15:47
18	prepared for this topic; is that correct? 12:14:23	18 aware of them. 12:15:50
19	A. Correct. 12:14:24	19 QUESTIONS BY MR. KAWAMOTO: 12:16:00
20	Q. Okay. And in the course of 12:14:25	20 Q. Okay. Now, if I could direct 12:16:01
21	preparing for this topic, I believe you 12:14:26	21 your attention back to Exhibit 16. I think 12:16:02
22	previously testified that you spoke to your 12:14:29	22 it's the Defeat Chronic Pain Now excerpt. 12:16:04
23	counsel, but that you didn't review any 12:14:31	23 And it's page 176. 12:16:20
24	documents relating to this topic. 12:14:33	24 And this is a statement that 12:16:30
25	Is that also correct? 12:14:35	25 relates to the risk of addiction. It's, 12:16:32

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1 "When chronic pain patients take opioids to 12:16:34	1 that individual to take time out of 12:18:34
2 treat their pain, they rarely develop a true 12:16:36	2 his or her schedule to -- either to 12:18:36
3 addiction and drug craving." 12:16:38	3 conduct an education seminar with 12:18:40
4 What is meant by a "true 12:16:41	4 other physicians, to -- 12:18:42
5 addiction"? 12:16:43	5 MR. GIORDANO: Pardon me, 12:18:45
6 A. I'm sorry, where are you at on 12:16:44	6 counsel, can you move the microphone? 12:18:48
7 this page? 12:16:46	7 The shuffling of papers... 12:18:56
8 Q. Sure, it's page 176 and it's 12:16:47	8 THE WITNESS: Okay. We would 12:19:00
9 the middle paragraph. 12:16:49	9 provide KOLs a rate that would 12:19:03
10 A. When chronic -- sorry. 12:16:51	10 compensate them for taking time for 12:19:07
11 Q. Yes. 12:16:52	11 their -- either being out of their 12:19:10
12 The sentence reads, "When 12:16:52	12 practice or for their knowledge and 12:19:11
13 chronic pain patients take opioids to treat 12:16:54	13 content, their experience of managing 12:19:15
14 their pain, they rarely develop a true 12:16:56	14 pain. 12:19:17
15 addiction and drug craving." 12:16:58	15 QUESTIONS BY MR. KAWAMOTO: 12:19:17
16 Do you see that sentence? 12:17:00	16 Q. So you paid KOLs for giving 12:19:18
17 A. I do. 12:17:00	17 seminars. 12:19:22
18 Q. Okay. What is meant by a "true 12:17:01	18 Did you ever pay them for doing 12:19:23
19 addiction"? 12:17:02	19 research? 12:19:25
20 MR. O'CONNOR: Objection. 12:17:03	20 A. I'm not aware of any payments 12:19:26
21 THE WITNESS: You know, I would 12:17:07	21 to physicians for research, clinical 12:19:33
22 have to -- again, I'm not a clinician. 12:17:09	22 research. All clinical research would have 12:19:38
23 I would have to defer to a health care 12:17:10	23 been handled out of our medical affairs team, 12:19:40
24 professional regarding what is 12:17:13	24 and I would imagine -- I don't know how they 12:19:43
25 considered a true addiction. 12:17:14	25 paid the researchers. I don't know if a 12:19:44
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1 QUESTIONS BY MR. KAWAMOTO: 12:17:18	1 researcher is considered a KOL or not. 12:19:47
2 Q. Okay. 12:17:18	2 Q. Okay. Were KOLs ever paid for 12:19:49
3 A. So I... 12:17:18	3 writing articles? 12:19:53
4 Q. So I would like now to cover 12:17:34	4 A. I'm not aware of any payments 12:19:54
5 Topic Number 24. And Topic Number 24 deals 12:17:50	5 to a KOL for writing an article. 12:20:00
6 with "all direct or indirect donations or 12:17:52	6 Such as that would be a 12:20:02
7 payments concerning opioids or opioid 12:17:55	7 clinical article? 12:20:03
8 products to lobbyists, persons or entities 12:17:57	8 Q. Well, any type of article, 12:20:04
9 named in the complaint or persons who 12:18:00	9 either a clinical article, an opinion piece, 12:20:06
10 disseminated information about prescription 12:18:02	10 a public policy statement. 12:20:08
11 opioids to prescribers or the public on your 12:18:04	11 Did Mallinckrodt ever pay a KOL 12:20:10
12 behalf and the identity of all persons 12:18:06	12 for writing something? 12:20:11
13 responsible for such donations or payments." 12:18:09	13 A. I -- I'm not aware of any. I 12:20:13
14 Are you familiar with the term 12:18:11	14 don't have any firsthand knowledge of paying 12:20:17
15 "KOL" or a "key opinion leader"? 12:18:15	15 a KOL to write an article. 12:20:18
16 A. I am. 12:18:19	16 Q. Okay. What was the -- well, 12:20:20
17 Q. Did Mallinckrodt ever make 12:18:19	17 let's take 2011. 12:20:24
18 payments to KOLs? 12:18:21	18 What was the annual budget for 12:20:29
19 A. Yes. 12:18:22	19 KOLs in 2011? 12:20:31
20 Q. Okay. What were KOLs paid for? 12:18:23	20 A. I don't have -- I do not have 12:20:33
21 Well, strike that. 12:18:28	21 a -- that would have been paid for -- let's 12:20:39
22 Why did Mallinckrodt make 12:18:28	22 see. 12:20:44
23 payments to KOLs? 12:18:30	23 That budget would have probably 12:20:44
24 MR. O'CONNOR: Objection. 12:18:32	24 come out of our medical affairs team, and at 12:20:45
25 THE WITNESS: We were asking 12:18:32	25 this time I don't know what that budget would 12:20:49

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1 have been. 12:20:51	1 So this is a document, it's 12:24:23
2 Q. Okay. Are you aware of what 12:20:51	2 Bates numbered MNK-T1_860223. It appears to 12:24:25
3 the KOL budget would have been for any of the 12:20:52	3 be a document that was put together for 12:24:29
4 years at issue in this litigation, which I 12:20:56	4 Mallinckrodt by APCO. 12:24:32
5 believe is from 1995 to present? 12:20:58	5 A. Uh-huh, yes. 12:24:37
6 A. I have not seen any budget 12:21:01	6 Q. Who is APCO or what is APCO? 12:24:38
7 numbers that we paid KOLs for what -- for 12:21:03	7 A. I know -- I would have to refer 12:24:40
8 those time periods. 12:21:07	8 back to their acronym. I'm looking for it 12:24:42
9 Q. Okay. Do you know if such a 12:21:09	9 myself. The -- they were in one of those 12:24:45
10 record exists? 12:21:12	10 pieces, I believe, that we looked at earlier. 12:24:49
11 Well, strike that. 12:21:14	11 Q. And what -- well, let me 12:24:52
12 If I wanted to identify by year 12:21:14	12 rephrase that question. 12:24:54
13 the budget for KOLs, where would I look? 12:21:20	13 What did APCO do for 12:24:55
14 A. Well, there would be a 12:21:24	14 Mallinckrodt? 12:24:56
15 financial transaction obviously. There would 12:21:27	15 A. APCO would -- 12:24:57
16 be a -- legal would have it. We would have 12:21:32	16 THE WITNESS: First of all, can 12:25:00
17 that KOL under a contract. And then 12:21:34	17 I answer? 12:25:01
18 financial -- there would be a financial trail 12:21:40	18 MR. O'CONNOR: Yeah. 12:25:01
19 as far as the -- the event and then what that 12:21:43	19 THE WITNESS: APCO would be a 12:25:03
20 individual physician was paid, the amount. 12:21:46	20 third-party group that would be 12:25:04
21 Q. Okay. Was -- were these 12:21:49	21 contracted out by our medical affairs 12:25:05
22 expenditures also tracked on an aggregate 12:21:52	22 team to identify KOLs in the space of 12:25:07
23 basis by Mallinckrodt? 12:21:54	23 this particular -- in this case, pain 12:25:12
24 A. As far as the total to each 12:21:56	24 management or organizations. 12:25:16
25 individual physician? 12:21:58	25
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1 Q. Or the total overall. 12:21:59	1 QUESTIONS BY MR. KAWAMOTO: 12:25:18
2 So if I wanted to know what the 12:22:01	2 Q. And so these are all pain 12:25:19
3 total payments to KOLs in, let's say, 2013 12:22:02	3 management organizations that they've 12:25:20
4 amounted to, where would I go to get that 12:22:07	4 identified; is that fair? 12:25:21
5 information? 12:22:11	5 MR. O'CONNOR: Objection. 12:25:23
6 A. The marketing team may -- 12:22:11	6 THE WITNESS: These would be 12:25:23
7 generally is -- will have a -- an 12:22:13	7 the known pain organizations that they 12:25:25
8 understanding of -- when they lay out their 12:22:16	8 would have identified. 12:25:30
9 marketing campaign, they would itemize a line 12:22:19	9 QUESTIONS BY MR. KAWAMOTO: 12:25:31
10 item for budget, for KOLs, for speaker 12:22:24	10 Q. And do you know what criteria 12:25:32
11 programs. That doesn't necessarily mean that 12:22:26	11 APCO was using for these organizations, or 12:25:33
12 that was the amount that was actually paid, 12:22:29	12 does it -- does it appear to be all of the 12:25:37
13 though, to them. They're -- they would be 12:22:31	13 pain management organizations broken into 12:25:39
14 putting money into a budget or to a 12:22:33	14 different categories? 12:25:41
15 placeholder. 12:22:35	15 MR. O'CONNOR: Objection to 12:25:42
16 Q. And as a 30(b)(6) designee for 12:22:36	16 scope and to form. 12:25:44
17 this topic though, you're not aware of what 12:22:41	17 THE WITNESS: The -- APCO 12:25:46
18 the aggregate payments were on a yearly basis 12:22:45	18 would -- when someone is doing a KOL 12:25:51
19 for KOLs, are you? 12:22:48	19 mapping exercise, they would look at a 12:25:55
20 A. No, I am not. 12:22:49	20 variety of pieces of information 12:25:57
21 (Mallinckrodt-Webb Exhibit 21 12:23:36	21 available in the public domain, how 12:25:58
22 marked for identification.) 12:23:36	22 well-published, how often published, 12:26:00
23 QUESTIONS BY MR. KAWAMOTO: 12:23:37	23 where are they published, what their 12:26:03
24 Q. Okay. So I would like to 12:23:38	24 affiliation is with any particular 12:26:05
25 designate this as I think Exhibit 21. 12:23:38	25 institution, positions within any type 12:26:09

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1	of organizations. 12:26:12	1	that I -- 12:27:42
2	So what they're looking for are 12:26:12	2	MR. O'CONNOR: Objection to 12:27:42
3	physicians that would be thought 12:26:15	3	scope. 12:27:44
4	leaders in their respective fields. 12:26:16	4	THE WITNESS: -- that I believe 12:27:44
5	QUESTIONS BY MR. KAWAMOTO: 12:26:20	5	we made payments to, but I can't speak 12:27:46
6	Q. And would these organizations 12:26:20	6	to the totality of it. 12:27:49
7	have been ones where Mallinckrodt could 12:26:22	7	QUESTIONS BY MR. KAWAMOTO: 12:27:50
8	become a member of the organization? 12:26:25	8	Q. Uh-huh. Understood. 12:27:51
9	MR. O'CONNOR: Objection to 12:26:26	9	A. Start by going down the list? 12:27:53
10	scope. 12:26:27	10	Q. Yes. 12:27:56
11	THE WITNESS: Well, how would 12:26:28	11	A. Starting with patient 12:27:56
12	you define "member of the 12:26:30	12	organizations? 12:27:57
13	organization"? 12:26:31	13	Q. Yes, please. 12:27:58
14	QUESTIONS BY MR. KAWAMOTO: 12:26:32	14	A. I'm not aware of the first one. 12:27:59
15	Q. Well, are these -- are these 12:26:32	15	By right of the fact that we engaged an RPO 12:28:05
16	associations that Mallinckrodt could join? 12:26:37	16	to do this, I assume we made a payment to 12:28:09
17	MR. O'CONNOR: Objection. 12:26:38	17	them. 12:28:11
18	THE WITNESS: Most of these 12:26:39	18	American Chronic Pain 12:28:12
19	would be professional organizations, 12:26:41	19	Association. I would have to -- I would have 12:28:20
20	so you would need a professional 12:26:44	20	to verify that one. 12:28:21
21	designation to join as a member. 12:26:45	21	American Pain Foundation, yes. 12:28:24
22	QUESTIONS BY MR. KAWAMOTO: 12:26:47	22	CLAAD, I would have to look 12:28:26
23	Q. Okay. So taking a look at this 12:26:49	23	back. I would have to be refreshed on CLAAD. 12:28:35
24	list, can you identify for me any 12:26:53	24	CADCA, yes. 12:28:37
25	associations or organizations that 12:26:55	25	The American Foundation -- I'm 12:28:39
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1	Mallinckrodt would have joined? 12:26:57	1	not familiar with the Drug Free America 12:28:44
2	A. Well, I guess I need to 12:26:59	2	Foundation. 12:28:47
3	clarify. When you -- when you say "joined," 12:27:06	3	Interstitial Association, I'm 12:28:47
4	as a member of that organization? 12:27:09	4	not familiar with that group. 12:28:52
5	Q. As a member. 12:27:10	5	Learn to Cope, I'm not familiar 12:28:54
6	A. As dues-paying member? 12:27:11	6	with. 12:28:56
7	Q. Yes, Mallinckrodt would not be 12:27:13	7	The National Coalition Against 12:28:57
8	a dues-paying member of any of these 12:27:14	8	Prescription Drug Abuse, I'm not familiar 12:29:03
9	organizations? 12:27:16	9	with that one. 12:29:09
10	MR. O'CONNOR: Objection to 12:27:16	10	National Family Partnership, 12:29:10
11	scope. 12:27:18	11	I'm not familiar with. 12:29:12
12	THE WITNESS: Not as a -- not 12:27:18	12	Fibromyalgia and Chronic Pain 12:29:13
13	as an organization. 12:27:19	13	Association, I'm assuming that's one group, 12:29:17
14	QUESTIONS BY MR. KAWAMOTO: 12:27:21	14	I'm not familiar with them. 12:29:19
15	Q. Okay. Do you know if 12:27:21	15	National Fibromyalgia 12:29:20
16	Mallinckrodt made payments to any of these 12:27:22	16	Association, I'm not familiar with. 12:29:23
17	organizations? 12:27:25	17	National Hospice and Palliative 12:29:24
18	MR. O'CONNOR: Objection to 12:27:26	18	Care Association, I'm not familiar with them. 12:29:28
19	scope. 12:27:28	19	National Patient Safety 12:29:30
20	THE WITNESS: Yes. 12:27:29	20	Foundation, yes, we did. 12:29:32
21	QUESTIONS BY MR. KAWAMOTO: 12:27:29	21	National Women's Health 12:29:33
22	Q. Okay. Could you please 12:27:30	22	Network, I'm not familiar with them. 12:29:37
23	identify for me which organizations that 12:27:32	23	Power of Pain Foundation, I'm 12:29:40
24	Mallinckrodt made payments to? 12:27:35	24	not familiar with. 12:29:43
25	A. Uh-huh. I will identify those 12:27:36	25	Project Lazarus, yes. 12:29:43

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1	Ryan's Cause, I'm not familiar	12:29:45	1 ahead. 12:32:42
2	with.	12:29:47	2 QUESTIONS BY MR. KAWAMOTO: 12:32:44
3	Save the Michaels of the World,	12:29:48	3 Q. And so can you -- for the 12:32:44
4	I'm not familiar with.	12:29:50	4 organizations you've identified, how much 12:32:46
5	Society for Women's Health	12:29:51	5 money did you give them? 12:32:49
6	Research, yes, we did.	12:29:54	6 MR. O'CONNOR: Objection to 12:32:51
7	Steve Rummel Hope Foundation,	12:29:55	7 scope. 12:32:53
8	I'm not familiar with.	12:29:59	8 THE WITNESS: I would have to 12:32:53
9	The Partnership for Drug Free,	12:30:00	9 review the financial documents. 12:32:56
10	yes, we did.	12:30:02	10 QUESTIONS BY MR. KAWAMOTO: 12:32:58
11	Triumph Over Pain Foundation,	12:30:03	11 Q. And what documents would those 12:32:58
12	I'm not familiar with.	12:30:07	12 be? 12:33:00
13	US Pain Foundation, yes, we	12:30:07	13 A. Well, those would be the budget 12:33:00
14	did.	12:30:10	14 documents that we discussed earlier, the fact 12:33:04
15	Of the provider	12:30:10	15 that we would have identified a group that we 12:33:07
16	organizations --	12:30:14	16 would -- as we laid out our budget, and then 12:33:09
17	Q. Well, actually, going back to	12:30:14	17 also look at then the -- through finance what 12:33:12
18	the patient organizations, for the ones	12:30:16	18 actually -- what groups we actually funded. 12:33:15
19	you've identified, can you -- well, what was	12:30:18	19 Q. And so if I wanted to see the 12:33:17
20	the payment amount?	12:30:21	20 overall spend on patient organizations for 12:33:19
21	MR. O'CONNOR: Objection to --	12:30:23	21 any given year, let's say 2012, where would I 12:33:22
22	objection to scope.	12:30:25	22 go to find that information? 12:33:26
23	Are you still on Topic 24?	12:30:26	23 MR. O'CONNOR: Objection. 12:33:27
24	This appears to be outside the scope	12:30:29	24 Scope. 12:33:28
25	of that, and just a bit ago you	12:30:30	25 THE WITNESS: Finance, our 12:33:28
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1	identified it.	12:30:34	1 finance department. They would have 12:33:32
2	MR. KAWAMOTO: Okay. I think	12:31:43	2 an accurate. 12:33:38
3	this falls within Topics 24 and 25 at	12:31:43	3 QUESTIONS BY MR. KAWAMOTO: 12:33:39
4	a minimum. So, I mean --	12:31:52	4 Q. And would these records 12:33:39
5	MR. O'CONNOR: By 24 are you	12:31:54	5 identify the aggregate amount? 12:33:41
6	refer -- which A, B are you	12:31:56	6 MR. O'CONNOR: Objection. 12:33:42
7	referring -- just help me out here, A,	12:31:59	7 THE WITNESS: For the year? 12:33:43
8	B or C? Which?	12:32:01	8 QUESTIONS BY MR. KAWAMOTO: 12:33:46
9	MR. KAWAMOTO: Well, I think it	12:32:04	9 Q. Yes, for the year. 12:33:46
10	would fall under either -- I mean,	12:32:04	10 A. They would show a line item 12:33:47
11	some of these may be persons or	12:32:05	11 payment and an aggregate total. 12:33:50
12	entities named in the complaint, but I	12:32:07	12 Q. Okay. And they would also 12:33:51
13	think it's person who disseminated	12:32:07	13 break it down by group as well; is that 12:33:52
14	information about prescription opioids	12:32:09	14 correct? 12:33:54
15	to prescribers or the public on your	12:32:10	15 MR. O'CONNOR: Objection. 12:33:54
16	behalf and the identity of all persons	12:32:12	16 QUESTIONS BY MR. KAWAMOTO: 12:33:54
17	responsible for such donations or	12:32:14	17 Q. Is that your understanding? 12:33:55
18	payments. So I would --	12:32:16	18 A. That would be my understanding, 12:33:56
19	MR. O'CONNOR: On our behalf,	12:32:19	19 correct. 12:33:57
20	I'll focus there and I'll take a look	12:32:21	20 Q. But as you sit here today, you 12:33:58
21	at 25 as you go on, but I think you're	12:32:23	21 don't have that information available to you? 12:34:01
22	outside 24, and I'll take a look here	12:32:25	22 A. No, I do not have that 12:34:05
23	at 25. Lobbying efforts, governmental	12:32:33	23 information in front of me. 12:34:07
24	affairs, okay.	12:32:36	24 Q. Okay. And so essentially the 12:34:11
25	All right. Why don't you go	12:32:40	25 same inquiry for the provider organizations, 12:34:19

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1	can you identify which of these you provided	12:34:22	1 but the finance department would have that?	12:37:17
2	funds to?	12:34:24	2 MR. O'CONNOR: Objection to	12:37:19
3	MR. O'CONNOR: Objection.	12:34:28	3 form and scope.	12:37:21
4	Scope.	12:34:29	4 THE WITNESS: I would have to	12:37:21
5	THE WITNESS: The Academy of	12:34:29	5 defer to them.	12:37:23
6	Managed Care Pharmacy, I'm not	12:34:36	6 QUESTIONS BY MR. KAWAMOTO:	12:37:23
7	familiar with.	12:34:37	7 Q. Then what about the academic	12:37:27
8	American Academy of Family	12:34:37	8 research institutions?	12:37:29
9	Physicians, yes.	12:34:40	9 MR. O'CONNOR: Objection.	12:37:30
10	American Academy of Family	12:34:41	10 THE WITNESS: I'm not familiar	12:37:34
11	Surgeons, I'm not familiar with or	12:34:44	11 with any of those groups.	12:37:45
12	unknown.	12:34:46	12 QUESTIONS BY MR. KAWAMOTO:	12:37:47
13	The American Academy -- do you	12:34:47	13 Q. And then what about the	12:37:48
14	want me just go through the ones	12:34:49	14 government agencies or organizations?	12:37:50
15	identified or do you want me to read	12:34:51	15 MR. O'CONNOR: Objection. Form	12:37:52
16	them to say yes or no?	12:34:52	16 and scope.	12:37:54
17	QUESTIONS BY MR. KAWAMOTO:	12:34:53	17 THE WITNESS: Number 7,	12:37:55
18	Q. Just the ones you can identify.	12:34:54	18 National Association of Drug Diversion	12:38:06
19	A. Okay.	12:34:55	19 Investigators.	12:38:07
20	The American -- number 7, the	12:34:57	20 That's all.	12:38:07
21	American Academy of Nurse Anesthetists.	12:35:04	21 MR. KAWAMOTO: Okay. Thank	12:38:13
22	Q. Okay.	12:35:09	22 you.	12:38:13
23	A. Number 9, American Academy of	12:35:09	23 So why don't we take a break	12:38:14
24	Pain Management.	12:35:11	24 for lunch, and then I'll see how much	12:38:17
25	Number 10, the American Academy	12:35:11	25 additional questions I have after	12:38:23
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1	of Pain Medicine.	12:35:15	1 that.	12:38:24
2	Number 11, the American Academy	12:35:15	2 VIDEOGRAPHER: We're going off	12:38:26
3	of Physical Medicine and Rehabilitation.	12:35:24	3 the record at 12:38 p.m.	12:38:27
4	Number 13, the American College	12:35:24	4 (Off the record at 12:38 p.m.)	12:38:29
5	of Emergency Room Physicians.	12:35:34	5 VIDEOGRAPHER: We are back on	13:35:42
6	Number 18, the American Medical	12:35:34	6 the record at 1:35 p.m.	13:35:47
7	Association.	12:35:48	7 QUESTIONS BY MR. KAWAMOTO:	13:35:48
8	Number 22, the American Pain	12:35:48	8 Q. So, Mr. Webb, I would like to	13:35:49
9	Society.	12:36:02	9 turn to Topic 32, which is "your coordination	13:35:54
10	Number 24, the American Society	12:36:02	10 or communications with any defendant in this	13:35:56
11	for Pain Management Nursing.	12:36:10	11 action, including, but not limited to, your	13:35:58
12	Number 25, American Society of	12:36:10	12 participation in any industry groups or	13:36:01
13	Addiction Medicine.	12:36:14	13 professional societies or any defendant in	13:36:02
14	Number 29, the American Society	12:36:15	14 this matter is a member relating or --	13:36:04
15	of Pain Educators.	12:36:30	15 relating or referring to pain care, the sale	13:36:06
16	The Inter -- number 33, the	12:36:30	16 of opioids, the marketing or promotion of	13:36:09
17	International Association for the Study of	12:36:45	17 opioids, regulations, rules or laws affecting	13:36:12
18	Pain.	12:36:47	18 the sale, promotion and marketing of opioids	13:36:16
19	Number 38, the Pharmaceutical	12:36:48	19 and the potential for abuse and diversion of	13:36:19
20	Research and Manufacturers of America.	12:37:03	20 opioids."	13:36:21
21	That's all that I'm familiar	12:37:07	21 And within that topic, I would	13:36:22
22	with.	12:37:09	22 like to focus on the Anti-Diversion Industry	13:36:23
23	Q. And I take it, as with the	12:37:09	23 Working Group.	13:36:27
24	previous list, you don't have any -- any	12:37:10	24 Are you familiar with that	13:36:27
25	recollection of the amounts or time period,	12:37:15	25 entity or that group?	13:36:30

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1	A. I have a working knowledge of	13:36:32	1	QUESTIONS BY MR. KAWAMOTO:
2	that group.	13:36:35	2	Q. But it's your understanding and
3	Q. Okay. And what is that working	13:36:35	3	based on a reasonable inquiry, that other
4	knowledge?	13:36:37	4	than this Red Flags video, you're not aware
5	A. That it's a working group	13:36:37	5	of any other deliverables that this -- this
6	that -- of third party -- do you want me to	13:36:40	6	group ever produced?
7	keep talking?	13:36:53	7	MR. O'CONNOR: Objection.
8	Q. Thanks.	13:37:04	8	But you can answer.
9	A. It's a group of organizations	13:37:04	9	THE WITNESS: I am aware that
10	come together, Mallinckrodt being one of	13:37:06	10	that video took a lot of coordination
11	them -- I want to say that one of the	13:37:08	11	to produce and to put together and
12	wholesalers, I believe AmerisourceBergen,	13:37:12	12	disseminate, but I'm not aware of what
13	part of it as well -- that looked at trying	13:37:14	13	else may have come out of that group.
14	to understand how the industry can help	13:37:17	14	QUESTIONS BY MR. KAWAMOTO:
15	prevent diversion from occurring.	13:37:21	15	Q. Okay. And how long -- is that
16	Q. And what did that group end	13:37:23	16	group still in existence?
17	up -- what concrete steps did that group end	13:37:26	17	A. I do not know if that -- my
18	up taking to attempt to reduce diversion?	13:37:29	18	understanding is that group still is, but I'm
19	A. One of the -- one of the	13:37:32	19	not sure if they're still meeting, though.
20	deliverables that came out of that working	13:37:35	20	Q. Okay. And do you recall
21	group was a product called a Red Flags video,	13:37:36	21	roughly how long or how much time it took to
22	and that Red Flags video was then used with	13:37:41	22	create this video?
23	retail -- designed to be used with retail	13:37:45	23	A. No, I do not know. That video
24	pharmacists or to show to retail pharmacists	13:37:48	24	was -- that video was put together -- no, I
25	to help educate pharmacists on red flags or	13:37:50	25	do not know.
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1	warning signs that they should look for if	13:37:54	1	Q. Okay. Do you have any sense of
2	they suspect or want -- or think that a	13:37:56	2	how much it cost to create the video?
3	patient may be a drug seeker or who may be in	13:37:58	3	A. No, I do not.
4	front of the pharmacy and have maybe a	13:38:02	4	MR. KAWAMOTO: Okay. Nothing
5	fraudulent prescription, how do identify	13:38:05	5	further.
6	those patients, individuals.	13:38:06	6	MR. O'CONNOR: Okay.
7	Q. And other than that video, were	13:38:07	7	VIDEOGRAPHER: We're going off
8	there any other deliverables?	13:38:11	8	the record at 1:39 p.m.
9	A. That's the only deliverable I'm	13:38:12	9	(Off the record at 1:39 p.m.)
10	aware. I'm not saying that there were not	13:38:14	10	VIDEOGRAPHER: We're back on
11	others, but I don't know what else came out	13:38:17	11	the record at 1:41 p.m.
12	of that group.	13:38:18	12	CROSS-EXAMINATION
13	Q. Okay. And based on your	13:38:18	13	QUESTIONS BY MR. KELLY:
14	preparation for this topic, is one of the	13:38:19	14	Q. Good afternoon, Mr. Webb. My
15	things or one of the -- one of the -- one of	13:38:22	15	name is Seamus Kelly. I'm representing
16	the things you reviewed this Anti-Diversion	13:38:26	16	plaintiffs in the Tennessee lawsuits that
17	Industry Working Group?	13:38:32	17	have been cross-noticed in this deposition.
18	A. We -- well, we did not	13:38:32	18	MR. KELLY: As laid out in our
19	specifically discuss that with counsel. I	13:38:35	19	previous deposition records where
20	mean, other than --	13:38:37	20	we've been cross-noticed, I would
21	THE WITNESS: I'm sorry.	13:38:39	21	first like to object to the deposition
22	MR. O'CONNOR: Yeah, just	13:38:39	22	on behalf of our clients due to
23	direct you not to reveal	13:38:40	23	Mallinckrodt's failures to comply with
24	communications with counsel, but,	13:38:42	24	the state and federal cooperation
25	yeah, go ahead.	13:38:44	25	protocol.

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1	MR. O'CONNOR: I -- we disagree	13:42:17	1 any other communications between you and the	13:44:33
2	with that assertion, but you can go	13:42:20	2 FDA regarding your marketing of your opioid	13:44:35
3	ahead.	13:42:24	3 products, your response to these letters, all	13:44:38
4	MR. KELLY: Thank you.	13:42:24	4 subsequent actions you took in response to	13:44:41
5	QUESTIONS BY MR. KELLY:	13:42:25	5 those communications and all budgets for any	13:44:43
6	Q. Mr. Webb, did you do any	13:42:29	6 such actions by year," was -- were any of	13:44:45
7	specific preparation based on a separate	13:42:32	7 these budgets state specific?	13:44:49
8	lawsuit in Tennessee?	13:42:34	8 A. I'm not aware of any letters	13:44:51
9	A. No.	13:42:35	9 from the FDA regarding a specific state.	13:44:56
10	Q. Okay. Looking back on your	13:42:38	10 Q. Okay. But the question is were	13:44:59
11	testimony today, there were several times	13:42:43	11 budgets -- budget -- or responses to FDA	13:45:04
12	where it was specified that certain materials	13:42:46	12 letters, were there budgets that were state	13:45:09
13	would have been distributed in Ohio.	13:42:50	13 specific?	13:45:11
14	Would you say the same for	13:42:54	14 A. No.	13:45:12
15	Tennessee?	13:42:56	15 Q. Regarding Topic 8, and this,	13:45:13
16	MR. O'CONNOR: Objection.	13:42:56	16 again, is "actions taken by Mallinckrodt	13:45:32
17	THE WITNESS: I would say that	13:42:58	17 after the CDC declared an opioid epidemic in	13:45:34
18	the material was available for	13:43:02	18 2011," were there changes to Mallinckrodt's	13:45:37
19	national distribution, but to say	13:43:04	19 opioid allocations in Tennessee?	13:45:43
20	whether material went to Ohio or	13:43:06	20 A. Not to my knowledge.	13:45:46
21	Tennessee, I have no knowledge that it	13:43:08	21 Q. Did Mallinckrodt do anything	13:45:47
22	would not.	13:43:10	22 differently in Tennessee after the CDC	13:45:51
23	QUESTIONS BY MR. KELLY:	13:43:13	23 declared an opioid epidemic?	13:45:53
24	Q. Okay. Looking at Topic 2, "the	13:43:14	24 MR. O'CONNOR: Objection.	13:45:55
25	role of wholesalers, distributors and	13:43:19	25 THE WITNESS: No.	13:45:56
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1	pharmacies, including, but not limited to,	13:43:21	1 QUESTIONS BY MR. KELLY:	13:45:59
2	defendants in the supply chain for your	13:43:26	2 Q. Did Mallinckrodt have an	13:46:01
3	opioid products and the responsibilities of	13:43:28	3 initiative to distribute bags for opioid	13:46:02
4	each with respect to marketing, sales and	13:43:30	4 disposal?	13:46:04
5	supply," did Mallinckrodt's generics detail	13:43:32	5 A. We did. Our medication	13:46:05
6	pharmacies in Tennessee?	13:43:40	6 disposal pouch initiative.	13:46:09
7	MR. O'CONNOR: Objection to the	13:43:44	7 Q. And do you recall Tennessee	13:46:10
8	form.	13:43:46	8 being included in that?	13:46:12
9	THE WITNESS: I'm not aware of	13:43:47	9 MR. O'CONNOR: Objection.	13:46:17
10	our generics team detailing --	13:43:48	10 But go ahead.	13:46:17
11	specifically detailing pharmacists in	13:43:51	11 THE WITNESS: I'm not -- I do	13:46:18
12	Tennessee.	13:43:53	12 not specifically recall if Tennessee	13:46:21
13	QUESTIONS BY MR. KELLY:	13:43:53	13 was or was not included or excluded.	13:46:22
14	Q. Okay. Are you aware of them	13:43:54	14 We did several national programs,	13:46:26
15	detailing pharmacies in general?	13:43:56	15 though, with retail pharmacies, and	13:46:29
16	A. No.	13:43:58	16 they may have been, through their	13:46:31
17	Q. And are you aware of	13:43:59	17 distribution network, had bags	13:46:33
18	Mallinckrodt detailing pharmacies regarding	13:44:03	18 distributed to Tennessee.	13:46:34
19	branded opioid products?	13:44:06	19 (Mallinckrodt-Webb Exhibit 22	13:46:38
20	A. The -- for a period there, and	13:44:09	20 marked for identification.)	13:46:38
21	I don't know what time it was, but	13:44:12	21 QUESTIONS BY MR. KELLY:	13:46:38
22	pharmacists were included in our call plan as	13:44:15	22 Q. This is Exhibit 22, and it's	13:46:46
23	far as stocking with our branded sales force.	13:44:20	23 Bates stamped MNK_TNSTA04423166.	13:46:47
24	Q. And with Topic 3, specifically	13:44:22	24 A. Uh-huh. Okay.	13:47:02
25	"warning letters sent to you by the FDA and	13:44:30	25 Q. Does that refresh your memory?	13:47:34

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1	A. I'm familiar with this, yes. 13:47:36	1	MR. O'CONNOR: Objection. 13:49:37
2	Q. Okay. So it -- is it correct 13:47:37	2	But go ahead. 13:49:37
3	that Tennessee was a priority state for this 13:47:42	3	THE WITNESS: It's not that it 13:49:38
4	bag initiative? 13:47:45	4	wasn't a priority state. We already 13:49:40
5	A. The -- well, the intent was to 13:47:46	5	had a pouch event or several -- at 13:49:42
6	distribute bags. These are the medication 13:47:51	6	least two pouch events already taking 13:49:44
7	disposal pouches that were made available to 13:47:54	7	place in Ohio, particularly Summit 13:49:46
8	patients to neutralize and chemically -- 13:47:57	8	County, through partnership with 13:49:49
9	chemically neutralize and then safely dispose 13:48:00	9	community leaders. So we wanted to -- 13:49:51
10	and get rid of unwanted or unused 13:48:02	10	an attempt to make as many pouches 13:49:55
11	medications, opioids, from their home. 13:48:05	11	available in places around the country 13:49:57
12	This program was in 13:48:07	12	as we could without putting too many 13:49:58
13	collaboration with Good Neighbor pharmacies. 13:48:09	13	into one particular area. 13:50:00
14	Good Neighbor pharmacies provided us a list 13:48:13	14	QUESTIONS BY MR. KELLY: 13:50:04
15	of where their pharmacies were. We wanted to 13:48:15	15	Q. But the focus was on the 13:50:04
16	specifically provide pouches to what we would 13:48:19	16	Appalachia? 13:50:06
17	consider the Appalachian area. This was an 13:48:23	17	A. For this particular campaign, 13:50:07
18	attempt to identify what states might be 13:48:28	18	yes, but we had distributed over 2 million 13:50:09
19	within that geographical area. 13:48:30	19	pouches, so we wanted to hold -- through our 13:50:12
20	Q. All right. And looking 13:48:32	20	entire campaign, so we wanted to make sure 13:50:17
21	specifically at your response at the top of 13:48:36	21	that we could be a value to as many states as 13:50:19
22	this e-mail -- 13:48:38	22	we could. 13:50:23
23	A. Uh-huh. 13:48:39	23	These were donated free of 13:50:23
24	Q. -- is it accurate to say that 13:48:39	24	charge, by the way. 13:50:26
25	you were highlighting the Appalachian region 13:48:43	25	Q. So -- strike that. 13:50:27
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1	for this initiative? 13:48:46	1	(Mallinckrodt-Webb Exhibit 23 13:50:31
2	MR. O'CONNOR: Objection. 13:48:47	2	marked for identification.) 13:50:32
3	Speaks for itself. Form. 13:48:49	3	QUESTIONS BY MR. KELLY: 13:50:32
4	THE WITNESS: We wanted to put 13:48:50	4	Q. I'm going to hand you another 13:50:32
5	the pouches into communities and 13:48:53	5	exhibit. This is Exhibit 23. 13:50:33
6	states we thought would have the 13:48:55	6	And Exhibit 23 is Bates stamped 13:50:42
7	greatest value. 13:48:56	7	MNK_TNSTA00198469, with an attachment that is 13:50:47
8	QUESTIONS BY MR. KELLY: 13:48:57	8	MNK_TNSTA00198470. 13:50:58
9	Q. Okay. And what is your 13:48:57	9	A. Okay. I'm familiar. 13:52:40
10	understand -- what is the Appalachian region? 13:48:59	10	Q. Okay. Thanks. 13:52:41
11	A. Well, it's defined as 13:49:02	11	I would like you to look at 13:52:42
12	obviously -- well, those states that are -- 13:49:04	12	page 5 of the attachment. 13:52:44
13	in which the Appalachian mountains run 13:49:07	13	A. Okay. 13:52:50
14	through. 13:49:12	14	Q. If you could read point 13:52:51
15	Q. Okay. And at this time you 13:49:12	15	number 2 for me? 13:52:56
16	were targeting those states for this 13:49:14	16	A. Point number 2, "Target 19 13:52:57
17	initiative? 13:49:15	17	states with an asterisk that currently do not 13:53:01
18	A. For this initiative, partnering 13:49:18	18	include methadone as a covered medication 13:53:05
19	through the Good Neighbor pharmacies. We 13:49:20	19	treatment option to ensure SUD, which is 13:53:07
20	wanted to try to get as many pouches into 13:49:23	20	substance use disorder, patients have access 13:53:12
21	these states as we could, through Good 13:49:25	21	to a full range of effective medications, in 13:53:15
22	Neighbor pharmacies, though. 13:49:31	22	parentheses, purple states." 13:53:17
23	Q. And why was Ohio not a priority 13:49:32	23	Q. Okay. In looking to the map to 13:53:18
24	state? 13:49:35	24	the right, which -- do you see that Tennessee 13:53:21
25	A. It's not that -- 13:49:36	25	is indicated to be one of those states that 13:53:27

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1	two or few are covered?	13:53:29	1	contract lobbyists and lobbyists in.	13:55:43
2	A. Correct.	13:53:33	2	QUESTIONS BY MR. KELLY:	13:55:45
3	Q. And what do you understand that	13:53:33	3	Q. All right. So at this point	13:55:45
4	to mean?	13:53:34	4	there was no longer a focus on Appalachia?	13:55:46
5	A. This -- this map was provided	13:53:35	5	MR. O'CONNOR: Objection.	13:55:49
6	by the National Drug Abuse Treatment System	13:53:37	6	Scope.	13:55:50
7	survey data as far as patients who have a	13:53:40	7	THE WITNESS: No, I think	13:55:51
8	substance use disorder access to addiction	13:53:48	8	what -- you're conflating the two	13:55:52
9	treatment, clinics, there are three-FDA	13:53:51	9	initiatives.	13:55:55
10	approved medications, Vivitrol is their	13:53:54	10	We had a medication pouch	13:55:56
11	tradename, Suboxone and methadone or	13:53:58	11	disposal initiative, which was in	13:55:57
12	Methadose.	13:54:02	12	partnership with communities to help	13:56:00
13	Those states that are in	13:54:03	13	rid homes who have unused opioids and	13:56:02
14	purple, our understanding is that they	13:54:04	14	to keep them from being misused or	13:56:07
15	have -- patients who have a substance abuse	13:54:06	15	diverted, to safely dispose of them,	13:56:09
16	disorder have access to only two or fewer MAT	13:54:08	16	they were chemically neutralized. So	13:56:11
17	medications to treat.	13:54:13	17	we were purchasing pouches through	13:56:14
18	Q. Okay. So would that make	13:54:14	18	another third-party group, another	13:56:16
19	Tennessee one of the 19 targeted states?	13:54:16	19	manufacturer, and then donating them	13:56:18
20	A. It was identified as a state,	13:54:19	20	to community groups. That was the	13:56:19
21	correct.	13:54:21	21	Appalachia effort that we were working	13:56:21
22	Q. Okay.	13:54:22	22	with Good Neighbor pharmacies.	13:56:23
23	A. But doesn't mean that we acted	13:54:22	23	This particular initiative that	13:56:25
24	on anything in Tennessee.	13:54:24	24	we're referring to was states that we	13:56:28
25	Q. And if you turn to page 16?	13:54:32	25	have identified or made -- we were	13:56:29
		Page 167			Page 169
1	A. Okay.	13:54:46	1	made aware of through the federal	13:56:31
2	Q. Do you know why Tennessee was	13:54:46	2	government that had barriers to access	13:56:32
3	not one of the ten states targeted?	13:54:50	3	of getting people into treatment who	13:56:35
4	A. The -- recognize --	13:54:53	4	had a substance abuse disorder. We	13:56:37
5	THE WITNESS: Can I go ahead?	13:54:56	5	were working collaboratively to	13:56:39
6	MR. O'CONNOR: Yeah, objection,	13:54:58	6	identify where and what those barriers	13:56:40
7	scope.	13:54:59	7	were and how we can help remove them	13:56:42
8	But you can go ahead.	13:54:59	8	to expand treatment.	13:56:44
9	THE WITNESS: Recognizing	13:55:00	9	QUESTIONS BY MR. KELLY:	13:56:46
10	that -- but for sake of clarification,	13:55:07	10	Q. I would like to move to	13:57:00
11	we were not able to engage in any	13:55:09	11	Topic 24. And earlier you were discussing	13:57:01
12	states, so this is a plan. This was a	13:55:11	12	speaker series.	13:57:20
13	plan that we had identified. Our	13:55:14	13	I'm going to pass you an	13:57:24
14	efforts for addiction treatment were	13:55:17	14	exhibit.	13:57:26
15	placed at a federal level.	13:55:19	15	(Mallinckrodt-Webb Exhibit 24	13:57:27
16	But these ten states, we had	13:55:20	16	marked for identification.)	13:57:27
17	contract counsel in these states, so	13:55:24	17	QUESTIONS BY MR. KELLY:	13:57:27
18	this was a legislative approach to	13:55:26	18	Q. And this is Exhibit 24. It is	13:57:39
19	eliminate barriers to treatment that	13:55:28	19	MNK_TNSTA00184173.	13:57:42
20	the state may or may not have had in	13:55:30	20	And I will -- I'll let you know	13:57:56
21	place and we needed to do more	13:55:32	21	that we did slightly modify this spreadsheet	13:57:59
22	diligence on, we would have needed	13:55:34	22	that was in your custodial file where it just	13:58:02
23	help through contract counsel or	13:55:36	23	excludes all states except for Tennessee.	13:58:05
24	lobbyists, and these were the states	13:55:39	24	And were documents such as this	13:58:27
25	that we had, for the most part,	13:55:41	25	used for tracking speaker series?	13:58:29

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1	MR. O'CONNOR: Objection to scope.	13:58:33	1 Q. Okay. What is an outcome study?	14:01:10
2	THE WITNESS: We would -- I can't speak to this particular document, but documents that we would have -- any time a speaker -- a speaker event was taking place, as part of the PhRMA guidelines, we were required to track and identify, excuse me, which -- for the Sunshine reporting, which physicians or health care providers attended. So there would be a sign-in sheet.	13:58:40 13:58:41 13:58:42 13:58:45 13:58:46 13:58:49 13:58:52 13:58:54 13:58:56 13:58:58 13:58:59	2 A. Can you use it in the context of -- a specific example? (Mallinckrodt-Webb Exhibit 26 marked for identification.)	14:01:29 14:01:34 14:01:38 14:01:39
3	QUESTIONS BY MR. KELLY:	13:59:00	7 QUESTIONS BY MR. KELLY:	14:01:39
4	Q. And were there ever nonprescribers that would attend these meetings?	13:59:05 13:59:07 13:59:09	8 Q. Sure, I can pass you what will be Exhibit 26, which is MNK-T1_0006524864.	14:01:39 14:01:41
5	A. Well, I'm not saying that they were never. Sometimes a physician would bring his or her nurse. But we -- at the time of making the education material or program available, we would state that this was for health care professionals or physicians only.	13:59:09 13:59:14 13:59:16 13:59:21 13:59:24 13:59:27 13:59:29	10 MR. O'CONNOR: Are you still on Topic 24?	14:02:03 14:02:04
6	(Mallinckrodt-Webb Exhibit 25	13:59:31	11 MR. KELLY: I am, yes.	14:02:05
7			12 THE WITNESS: Okay.	14:02:08
8			13 QUESTIONS BY MR. KELLY:	14:02:40
9			15 Q. And the question I had asked you is what is an outcome study?	14:02:41 14:02:42
10			16 THE WITNESS: Go ahead?	14:02:45
11			17 MR. O'CONNOR: Yeah.	14:02:46
12			18 THE WITNESS: The intent of an outcome study is to determine whether we -- to measure whether we accomplish a result or not.	14:02:46 14:02:48 14:02:49 14:02:52
13			19 QUESTIONS BY MR. KELLY:	14:02:53
14			20 Q. Okay. And here you're seeking someone for an outcome study to determine	14:02:54 14:02:58
15				
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1	marked for identification.)	13:59:32	1 what causes a change in patient's behavior to dispose of unused or unneeded prescription opioids?	14:03:00 14:03:03 14:03:06
2	QUESTIONS BY MR. KELLY:	13:59:32	4 MR. O'CONNOR: Objection to the scope.	14:03:06
3	Q. Okay. I'm going to pass you what will be marked Exhibit 25. This exhibit is Bates number MNK_TNSTA00184232.	13:59:33 13:59:36 13:59:50	5 THE WITNESS: Correct. Yeah.	14:03:08
4			6 This study, when we were looking through our medication pouch disposal initiative, again, to go into patients' homes to dispose of unused medications, we tried to understand, through messaging, what we would say when these pouches would be distributed through community events to what would actually cause a patient to willing dispose of their unused opioids so that we could be more effective in how these pouches would be used.	14:03:09 14:03:11 14:03:15 14:03:18 14:03:20 14:03:22 14:03:25 14:03:27 14:03:28 14:03:30 14:03:32 14:03:35 14:03:37 14:03:40
5			7	
6	And similarly, this is another spreadsheet from your custodial file that we've modified to the extent that we excluded any states that were not Tennessee.	13:59:59 14:00:13 14:00:16 14:00:18	8	
7			9	
8			10	
9			11	
10	A. Okay.	14:00:26	12	
11	Q. And are these documents that are normally kept in the course of	14:00:28 14:00:31	13	
12	Mallinckrodt's business of scheduling speaker series?	14:00:33 14:00:36	14	
13	A. This would be a tracking tool, yes, that we would -- this would be a tracking tool that we would use internally to identify which events were taking place in which state by which representative.	14:00:36 14:00:38 14:00:43 14:00:46 14:00:49	15	
14	Q. Okay. And looking at column O, it's labeled HONR.	14:00:52 14:00:58	16	
15	To your understanding, is that an honorarium?	14:01:02 14:01:04	17	
16	A. That would be my interpretation of it, correct.	14:01:06 14:01:08	18	
17			19	
18			20	
19			21	
20			22	
21			23	
22			24	
23			25	

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1	and whether they're using them or not. 14:03:54	1	QUESTIONS BY MR. KELLY: 14:05:48
2	Q. What is the Alliance for 14:03:56	2	Q. Okay. Are you -- are you still 14:05:48
3	Balanced Pain Management? 14:04:00	3	on the steering committee for this 14:05:52
4	MR. O'CONNOR: Objection. 14:04:00	4	organization? 14:05:54
5	Scope. 14:04:03	5	MR. O'CONNOR: Objection. 14:05:54
6	THE WITNESS: The Alliance for 14:04:07	6	THE WITNESS: I am. 14:05:55
7	Balanced Pain Management is an 14:04:09	7	QUESTIONS BY MR. KELLY: 14:05:56
8	organization or a coalition that was 14:04:09	8	Q. And who is Bob Twillman? 14:05:57
9	developed by Mallinckrodt in full 14:04:11	9	MR. O'CONNOR: Objection. 14:06:00
10	disclosure with all the participants 14:04:13	10	THE WITNESS: Bob Twillman -- 14:06:00
11	of stakeholder or patient groups that 14:04:16	11	Dr. Twillman is the executive director 14:06:04
12	have come together to identify ways in 14:04:20	12	of what is now, I believe, the -- at 14:06:06
13	which we could expand access to a 14:04:25	13	the time it was the American Academy 14:06:10
14	multimodal approach to pain as opposed 14:04:28	14	of Pain Management. 14:06:13
15	to having to rely on opioids and how 14:04:32	15	QUESTIONS BY MR. KELLY: 14:06:13
16	do we advance patient safety to 14:04:34	16	Q. And is he involved in the 14:06:13
17	dispose of unused opioids in the home 14:04:36	17	alliance for pain -- or sorry, the Alliance 14:06:15
18	once they're prescribed. 14:04:38	18	for Balanced Pain Management? 14:06:22
19	QUESTIONS BY MR. KELLY: 14:04:41	19	A. He was. I cannot speak to 14:06:22
20	Q. And you said this was in full 14:04:42	20	whether he is or not. Since we turned it 14:06:25
21	disclosure to all participants. 14:04:44	21	over, I don't have visibility to the 14:06:27
22	Does this organization publish 14:04:47	22	membership of who is in it or not. 14:06:28
23	information? 14:04:50	23	Q. Okay. What is CPOP? 14:06:31
24	A. This organization did not 14:04:51	24	MR. O'CONNOR: Objection. 14:06:44
25	publish -- well, did not publish anything in 14:04:55	25	THE WITNESS: CPOP is the 14:06:45
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1	its own name. These were organizations that 14:04:57	1	Collaborative for Effective 14:06:47
2	were brought together with their -- with 14:05:01	2	Prescription Opioid Policies, which is 14:06:49
3	their full awareness that Mallinckrodt is 14:05:04	3	an organization based in Washington, 14:06:53
4	funding and supporting this initiative. This 14:05:06	4	DC, where -- similar scope to identify 14:06:55
5	program has now since been turned over to a 14:05:09	5	how, as third-party groups, we can 14:06:58
6	nonprofit organization to manage. 14:05:11	6	continue to advance patient safety and 14:07:01
7	Q. Does the -- would a member of 14:05:14	7	effective opioid prescribing. 14:07:03
8	the public know that it was funded by 14:05:17	8	QUESTIONS BY MR. KELLY: 14:07:04
9	Mallinckrodt? 14:05:20	9	Q. And who is the leadership of 14:07:05
10	MR. O'CONNOR: Objection. 14:05:24	10	CPOP? 14:07:06
11	But you can answer. 14:05:24	11	MR. O'CONNOR: Objection. 14:07:07
12	THE WITNESS: We did not -- 14:05:25	12	THE WITNESS: The meeting -- 14:07:08
13	no -- no material was distributed to 14:05:30	13	the coalition was convened by Trust 14:07:11
14	the public under the Alliance for 14:05:32	14	for America's Health, the Community 14:07:13
15	Balanced Pain Management's name, but 14:05:34	15	Anti-Drug Coalitions of America and 14:07:17
16	it had a website and there was not any 14:05:37	16	former-Representative Mary Bono. 14:07:20
17	way -- we were not trying to prevent 14:05:39	17	QUESTIONS BY MR. KELLY: 14:07:22
18	anyone from that information. 14:05:41	18	Q. And the Community of Anti-Drug 14:07:22
19	QUESTIONS BY MR. KELLY: 14:05:43	19	Alliances of America, is that -- 14:07:24
20	Q. Did it disclose that 14:05:44	20	A. CADCA, the community -- the 14:07:26
21	information on the website? 14:05:45	21	Community Anti-Drug Coalitions of America, 14:07:28
22	MR. O'CONNOR: Objection. 14:05:46	22	run by General Dean. 14:07:30
23	THE WITNESS: I would have to 14:05:47	23	Q. And who funds CPOP? 14:07:33
24	look at the website. 14:05:47	24	MR. O'CONNOR: Objection. 14:07:35
25		25	THE WITNESS: Mallinckrodt is a 14:07:36

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1	funder of CPOP, a funder, but I do not	14:07:39	1 QUESTIONS BY MR. KELLY:	14:10:16
2	know their other funders, if they have	14:07:43	2 Q. Okay. I give you Exhibit 28,	14:10:16
3	any.	14:07:45	3 which is Bates stamped MNK_TNSTA00155119.	14:10:18
4	QUESTIONS BY MR. KELLY:	14:07:47	4 A. Thank you. Okay.	14:10:44
5	Q. So is Mallinckrodt their	14:07:47	5 Q. Would you say -- can you read	14:11:28
6	primary funder?	14:07:49	6 the second paragraph of your response in this	14:11:34
7	MR. O'CONNOR: Objection.	14:07:50	7 e-mail?	14:11:37
8	THE WITNESS: We are a funder,	14:07:50	8 A. This paragraph is in context to	14:11:37
9	but I do not have visibility, nor do I	14:07:52	9 the radio interview between Dr. Twillman and	14:11:44
10	know their total budget.	14:07:54	10 Dr. Kolodny, and I state, "You'll notice that	14:11:49
11	QUESTIONS BY MR. KELLY:	14:07:55	11 Bob's delivery of stats, or statistics,	14:11:55
12	Q. And does Mallinckrodt sponsor	14:07:55	12 suggest pain patients have encountered access	14:11:58
13	CADCA to an extent?	14:07:57	13 challenges as a result of the recent	14:12:00
14	MR. O'CONNOR: Objection.	14:07:58	14 restrictions put in place at the federal and	14:12:02
15	THE WITNESS: We do.	14:07:59	15 state level was less than overwhelming. As	14:12:04
16	(Mallinckrodt-Webb Exhibit 27	14:08:21	16 originators of the alliance, I would like to	14:12:08
17	marked for identification.)	14:07:59	17 provide our alliance members some impactful	14:12:10
18	QUESTIONS BY MR. KELLY:	14:07:59	18 stats that support the message so that we	14:12:14
19	Q. I have another exhibit for you.	14:08:01	19 don't encounter these types of misses again."	14:12:15
20	It's 27. This is Bates stamped	14:08:10	20 Q. Would that be an accurate	14:12:18
21	MNK_TNSTA01002290.	14:08:17	21 expression of Mallinckrodt's position?	14:12:20
22	MR. O'CONNOR: Are you still on	14:08:57	22 MR. O'CONNOR: Objection.	14:12:22
23	Topic 24?	14:08:59	23 THE WITNESS: I do not want to	14:12:29
24	MR. KELLY: I am, yes.	14:09:00	24 say this is an accurate representation	14:12:30
25	THE WITNESS: Okay.	14:09:26	25 of Mallinckrodt's position. This was	14:12:30
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1	QUESTIONS BY MR. KELLY:	14:09:28	1 my statement to provide to the	14:12:32
2	Q. Do you recognize that document?	14:09:28	2 alliance members.	14:12:33
3	A. I do.	14:09:29	3 QUESTIONS BY MR. KELLY:	14:12:41
4	Q. And is it accurate?	14:09:30	4 Q. Is it consistent with	14:12:41
5	MR. O'CONNOR: Objection.	14:09:31	5 Mallinckrodt's position?	14:12:42
6	THE WITNESS: I mean, it's	14:09:35	6 MR. O'CONNOR: Objection.	14:12:43
7	accurate as to the best of the ability	14:09:36	7 THE WITNESS: Mallinckrodt has	14:12:44
8	for me to remember what's on there.	14:09:38	8 always advocated and taken positions	14:12:50
9	QUESTIONS BY MR. KELLY:	14:09:39	9 that patients should have access to	14:12:51
10	Q. Okay. Did Mallinckrodt have	14:09:39	10 appropriate pain management, so this	14:12:53
11	any expectations in return for funding these	14:09:43	11 statement of the statistics would be	14:12:57
12	programs?	14:09:46	12 consistent with Mallinckrodt's	14:13:00
13	MR. O'CONNOR: Objection to the	14:09:47	13 understanding that patients who need	14:13:02
14	scope and the form.	14:09:50	14 appropriate pain management should	14:13:04
15	But go ahead.	14:09:51	15 have access to it.	14:13:07
16	THE WITNESS: No. No.	14:09:54	16 QUESTIONS BY MR. KELLY:	14:13:14
17	These programs were managed	14:09:56	17 Q. Has CPOP held any events?	14:13:19
18	through our advocacy initiatives to	14:09:57	18 MR. O'CONNOR: Objection.	14:13:26
19	expand access to patient treatment or	14:10:02	19 THE WITNESS: Can you specify,	14:13:27
20	to -- safe use for opioids. At no	14:10:05	20 when you say "events," what type of	14:13:29
21	time was any particular opioid or	14:10:07	21 events?	14:13:31
22	advancement of opioids discussed	14:10:12	22 QUESTIONS BY MR. KELLY:	14:13:32
23	within any of these organizations.	14:10:13	23 Q. Sure, they -- have they done	14:13:32
24	(Mallinckrodt-Webb Exhibit 28	14:10:15	24 any informational presentations?	14:13:33
25	marked for identification.)	14:10:16	25 MR. O'CONNOR: Objection.	14:13:35

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1	THE WITNESS: To whom are you referring to? To who --	14:13:35	1 QUESTIONS BY MR. KELLY:	14:15:22
2			2 Q. All right. Moving to Topic 26,	14:15:40
3	QUESTIONS BY MR. KELLY:	14:13:40	3 earlier you testified in this area quite some	14:15:48
4	Q. Have they held any events that are meant to inform?	14:13:40	4 time, so I just had some things I wanted to	14:15:52
5		14:13:42	5 clarify.	14:15:54
6	MR. O'CONNOR: Objection.	14:13:48	6 How does Mallinckrodt define	14:15:54
7	THE WITNESS: To my knowledge, they have not had patient events.	14:13:48	7 health care providers?	14:15:57
8		14:13:49	8 A. A health care provider would	14:16:03
9	They've had meetings at various conferences with third-party groups	14:13:51	9 be, in our opinion, someone who has a	14:16:04
10		14:13:58	10 professional designation.	14:16:06
11	that would be interested in participating and being part of the CPOP organization.	14:13:59	11 Q. Okay. Would pharmacists be	14:16:08
12		14:14:01	12 considered health care providers?	14:16:10
13		14:14:03	13 A. Yes.	14:16:12
14	QUESTIONS BY MR. KELLY:	14:14:04	14 Q. And earlier you referenced some	14:16:12
15	Q. Do you recall a presentation in Nashville that was organized by CPOP?	14:14:04	15 materials being distributed at trade shows.	14:16:22
16		14:14:06	16 Did prescribers attend trade	14:16:26
17	MR. O'CONNOR: Objection.	14:14:09	17 shows?	14:16:29
18	THE WITNESS: I recall there was an event in Nashville, but I'm not -- I do not recall who the organizer was.	14:14:10	18 MR. O'CONNOR: Objection.	14:16:31
19	I don't know if it was CPOP or not.	14:14:16	19 Scope.	14:16:32
20		14:14:19	20 THE WITNESS: I recall that I	14:16:35
21	organizer was. I don't know if it was CPOP or not.	14:14:20	21 spoke to material being distributed at	14:16:36
22		14:14:21	22 trade shows in both the generic and	14:16:37
23	QUESTIONS BY MR. KELLY:	14:14:22	23 the brand.	14:16:40
24	Q. Do you recall CPOP holding a presentation -- or organizing a presentation	14:14:23	24 Could you specify which trade	14:16:40
25		14:14:25	25 show?	14:16:42
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1	on behalf of Axial Healthcare?	14:14:27	1 QUESTIONS BY MR. KELLY:	14:16:43
2	MR. O'CONNOR: Objection.	14:14:30	2 Q. In general, do prescribers	14:16:43
3	THE WITNESS: I would not. I mean, nothing comes to mind.	14:14:31	3 attend trade shows?	14:16:45
4		14:14:37	4 MR. O'CONNOR: Objection.	14:16:48
5	QUESTIONS BY MR. KELLY:	14:14:38	5 THE WITNESS: My understanding	14:16:49
6	Q. How many -- how many of these informational sessions for stakeholders would you say that CPOP has held?	14:14:41	6 of prescribers would attend -- we	14:16:50
7		14:14:43	7 used the broad term "trade shows."	14:16:55
8		14:14:46	8 They would attend trade shows	14:16:57
9	MR. O'CONNOR: Objection.	14:14:48	9 or organizations of their professional	14:16:59
10	THE WITNESS: I wouldn't know the number.	14:14:49	10 associations, they would attend those	14:17:02
11		14:14:51	11 show -- trade shows, but I can't speak	14:17:03
12	QUESTIONS BY MR. KELLY:	14:14:52	12 to what other trade shows they may or	14:17:05
13	Q. Is it -- could it be one?	14:14:53	13 may not attend.	14:17:09
14	A. It would --	14:14:57	14 QUESTIONS BY MR. KELLY:	14:17:10
15	MR. O'CONNOR: Objection.	14:14:58	15 Q. Is Pain Week a trade show?	14:17:10
16	THE WITNESS: It would be at least one.	14:14:58	16 A. I would classify Pain Week as a	14:17:12
17		14:14:59	17 trade show.	14:17:16
18	QUESTIONS BY MR. KELLY:	14:14:59	18 Q. Does Mallinckrodt -- does	14:17:16
19	Q. Okay. Do you recall CPOP putting on a presentation that focused on neonatal abstinence syndrome?	14:15:00	19 Mallinckrodt's branded organization attend	14:17:20
20		14:15:12	20 Pain Week?	14:17:24
21		14:15:16	21 A. We have.	14:17:24
22	MR. O'CONNOR: Objection.	14:15:20	22 Q. And does Mallinckrodt's	14:17:26
23	THE WITNESS: I do not know. I'm not aware of it.	14:15:20	23 generics department attend Pain Week?	14:17:31
24		14:15:21	24 A. I'm not aware that they would.	14:17:33
25			25 They would have no reason to, but I can't say	14:17:37

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1 that they've never been at a Pain Week trade 14:17:39	1 INSTRUCTIONS TO WITNESS
2 show. 14:17:41	2
3 Q. Does Mallinckrodt distribute 14:17:41	3 Please read your deposition over
4 materials at Pain Week? 14:17:43	4 carefully and make any necessary corrections.
5 A. Within the -- within the 14:17:45	5 You should state the reason in the
6 confines of our -- of our company booth. 14:17:47	6 appropriate space on the errata sheet for any
7 Q. Are there any trade shows where 14:17:56	7 corrections that are made.
8 Mallinckrodt's generics department presents 14:18:00	8 After doing so, please sign the
9 or provides materials that prescribers 14:18:03	9 errata sheet and date it. You are signing
10 attend? 14:18:05	10 same subject to the changes you have noted on
11 A. The generics team would pre -- 14:18:06	11 the errata sheet, which will be attached to
12 would have a booth, a Mallinckrodt booth, at 14:18:12	12 your deposition.
13 generally the wholesaler trade shows, the 14:18:17	13 It is imperative that you return
14 HDA, larger wholesaler, distributor trade 14:18:22	14 the original errata sheet to the deposing
15 shows. I'm not aware if they would attend 14:18:26	15 attorney within thirty (30) days of receipt
16 any pharmacy or pharmacist trade shows, but 14:18:27	16 of the deposition transcript by you. If you
17 they should not be attending any physician 14:18:30	17 fail to do so, the deposition transcript may
18 trade shows, but I can't say that they 14:18:33	18 be deemed to be accurate and may be used in
19 wouldn't, that they've never done it before. 14:18:35	19 court.
20 MR. KELLY: Can we take a quick 14:18:52	20
21 break? 14:18:53	21
22 MR. O'CONNOR: Sure. 14:18:53	22
23 VIDEOGRAPHER: We're going off 14:18:54	23
24 the record at 2:18 p.m. 14:18:55	24
25 (Off the record at 2:18 p.m.) 14:18:57	25
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1 CERTIFICATE	1 ACKNOWLEDGMENT OF DEPONENT
2	2
3 I, CARRIE A. CAMPBELL, Registered	3
4 Diplomate Reporter, Certified Realtime	4 I, _____, do
5 Reporter and Certified Shorthand Reporter, do	5 hereby certify that I have read the foregoing
6 hereby certify that prior to the commencement	6 pages and that the same is a correct
7 of the examination, Kevin Webb, was duly	7 transcription of the answers given by me to
8 sworn by me to testify to the truth, the	8 the questions therein propounded, except for
9 whole truth and nothing but the truth.	9 the corrections or changes in form or
10 I DO FURTHER CERTIFY that the	10 substance, if any, noted in the attached
11 foregoing is a verbatim transcript of the	11 Errata Sheet.
12 testimony as taken stenographically by and	12
13 before me at the time, place and on the date	13
14 hereinbefore set forth, to the best of my	14
15 ability.	15
16 I DO FURTHER CERTIFY that I am	16
17 neither a relative nor employee nor attorney	17
18 nor counsel of any of the parties to this	18
19 action, and that I am neither a relative nor	19
20 employee of such attorney or counsel, and	20
21 that I am not financially interested in the	21
22 action.	22
23	23
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2	ERRATA
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2	LAWYER'S NOTES
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